

PHA 5-Year and Annual Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB No. 2577-0226
Expires 4/30/2011

| 1.0 | PHA Information PHA Name: <u>Housing Authority of Brevard County</u> PHA Code: <u>020</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input checked="" type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04/2010</u> | | | | | | | | | | | | |
|--------|---|----------|--------------------------------------|-------------------------------|--|----|-----|--------|--|--------|--|--------|--|
| 2.0 | Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>596</u> Number of HCV units: <u>2052</u> | | | | | | | | | | | | |
| 3.0 | Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only | | | | | | | | | | | | |
| 4.0 | PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.) | | | | | | | | | | | | |
| | Participating PHAs | PHA Code | Program(s) Included in the Consortia | Programs Not in the Consortia | No. of Units in Each Program <table border="1"> <thead> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> </tr> </tbody> </table> | PH | HCV | PHA 1: | | PHA 2: | | PHA 3: | |
| PH | HCV | | | | | | | | | | | | |
| PHA 1: | | | | | | | | | | | | | |
| PHA 2: | | | | | | | | | | | | | |
| PHA 3: | | | | | | | | | | | | | |
| 5.0 | 5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update. | | | | | | | | | | | | |
| 5.1 | Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: To provide decent, safe, and sanitary housing for clients of extremely low income through moderate income levels by developing and maintaining productive relationships with community housing partners. Further, to pursue the identification and delivery of diverse services geared to promote opportunities for social upward mobility and economic self-sufficiency. Also, to develop initiatives to expand designated housing opportunities for group requiring special needs, i.e., elderly and non-elderly disabled. Finally, to create, implement and administer redevelopment initiatives that will seek to update/replace dated units that have become too costly to maintain in their current status while using mixed financing options to provide new and innovative revenue streams to assist in financial sustainability. | | | | | | | | | | | | |
| 5.2 | Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. PHA Goals and Objectives <ol style="list-style-type: none"> Increase the availability of decent, safe, and affordable housing PHA Goal: Expand the supply of assisted housing Objectives: Leverage private or other public funds to create additional housing opportunities and acquire or build units or developments PHA Goal: Improve the quality of assisted housing Objectives: Improve public housing management PHAS score, concentrate on efforts to improve specific management functions (e.g., public housing finance, voucher unit inspections), renovate or modernize public housing units, demolish or dispose of obsolete public housing, and provide replacement public housing. Improve community quality of life and economic vitality PHA Goal: Provide an improved living environment Objectives: Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments, implement public housing security improvements, and designate developments or buildings for particular resident groups (elderly and persons with disabilities) Promote self-sufficiency and asset development of families and individuals PHA Goal: Promote self-sufficiency and asset development of assisted households Objectives: Increase the number and percentage of employed persons in assisted families, provide or attract supportive services to improve assistance recipients' employability, and provide or attract supportive services to increase independence for the elderly or families with disabilities. Ensure Equal Opportunity in Housing for all Americans PHA Goal: Ensure equal opportunity and affirmatively further fair housing Objectives: Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability; undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability; and undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required. | | | | | | | | | | | | |

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|-----|---|
| | <p>5. Administration and Management (Category I) <u>PHA Goal:</u> To improve our levels of both regulatory compliance and program integrity throughout all areas of the organizational operations. <u>Objectives:</u> Establish an element of the organization specifically within the management structure that has as its primary mission the systematic organizing, administering, and tracking of all time-sensitive, score related, submissions and transmittals. This element will also be responsible for performing quality assurance reviews of critical actions performed by all functional areas and reporting results directly to CEO.</p> <p>To standardize the preparation, periodic review, and required updating of all local procedures and practices to ensure that includes board directed policies and HUD directed guidelines.</p> <p>6. Operations (Category II) <u>Objectives:</u> Develop innovative partnerships to allow continuation of the Housing Authority's five year physical improvement schedule to support exterior building improvements while maintaining UPCS compliance.</p> <p>[See Attachment #6]</p> |
| 6.0 | <p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: None</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. The public can receive a copy of the PHA 5 year and Annual Plan at our executive office located at 615 Kurek Ct., Merritt Island, FL 32953. Also, the PHA 5 year and Annual Plan are posted at for review and comments at the following locations; Melbourne Housing Authority, 1686 Marywood Road, Florida 32934 and Housing Authority of the City of Cocoa, 1053 Fern Avenue, Cocoa, Florida 32922.</p> <p>PHA Plan Elements</p> <p>1. Eligibility, Selection and Admission Policies, including Deconcentration and Wait List Procedure.</p> <p>Eligibility [Reference HUD Approved ACOP Chapter 3] To be eligible for the public housing program:</p> <ul style="list-style-type: none"> • The applicant family must: <ul style="list-style-type: none"> Qualify as a family as defined by HUD and the PHA. Have income at or below HUD-specified income limits. Qualify on the basis of citizenship or the eligible immigrant status of family members. Provide social security number information for family members as required. Consent to the PHA's collection and use of family information as provided for in PHA-provided consent forms. • The PHA must determine that the current or past behavior of household members does not include activities that are prohibited by HUD or the PHA. <p>Admission Policies [Reference HUD Approved ACOP Chapter 3] The plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income.</p> <p>Selection [Reference HUD Approved ACOP Chapter 4] When an applicant or resident family requests a copy of the PHA's tenant selection policies, the PHA will provide copies to them free of charge</p> <p>Deconcentration – No Deconcentration Admission in 2010</p> <p>Wait List Procedure [Reference HUD Approved ACOP Chapter 4]</p> <ul style="list-style-type: none"> • The waiting list will contain the following information for each applicant listed: <ol style="list-style-type: none"> 1. Name and social security number of head of household 2. Relevant housing authority 3. Unit size required (number of family members) 4. Accessibility requirement, if any 5. Date and time of application or application number 6. Household type (family, elderly, disabled) 7. Admission preference, if any • The PHA will maintain one single community-wide waiting list for its developments. • The PHA will not adopt site-based waiting lists. <p>Section 8 Plan Elements</p> <p>1. Eligibility, Selection and Admission Policies, including Deconcentration and Wait List Procedure.</p> <p>Eligibility [Reference HUD Approved Administrative Plan for Section 8 Chapter 3] To be eligible for the HCV program:</p> <ul style="list-style-type: none"> • The applicant family must: |

Section 8 Plan Elements (Continue)

Qualify as a family as defined by HUD and the PHA.

Have income at or below HUD-specified income limits.

Qualify on the basis of citizenship or the eligible immigrant status of family members.

Provide social security number information for family members as required.

Consent to the PHA's collection and use of family information as provided for in PHA-provided consent forms.

HABC will deny any applicant who is a student or discontinue assistance to any student who is under 24 years of age unless they are married, are a veteran, has a dependant child, is not otherwise individually eligible or if the parents of the student are ineligible based on their individual or joint income.

- The PHA must determine that the current or past behavior of household members does not include activities that are prohibited by HUD or the PHA.

Admission Polices [Reference HUD Approved Administrative Plan for Section 8 Chapter 3]

The plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income.

Selection [Reference HUD Approved Administrative Plan for Section 8 Chapter 4]

ORDER OF SELECTION

Local Preferences

First Preference: These applicants will be selected first and ranked in the following order:

- (1) Families with at least one adult who is employed. (This ranking extended equally to elderly families or a family whose head or spouse is receiving income based on their inability to work).

Second Preference: These applicants will be selected after the First Preference applicants and ranked in the following order:

- (2) Families that have been determined to be victims of domestic violence.
Within each preference category above, applicants will be selected by date and time of application.

FINAL VERIFICATION OF PREFERENCES

Preference information on applications will be updated as applicants are selected from the waiting list. At that time, the HA will:

Mail a Preference Verification letter to the applicant's last known address, requesting verification of the family's preference claim and mail third party verifications as applicant

PREFERENCE DENIAL

If the HA denies a preference, the HA will notify the applicant in writing of the reasons why the preference was denied and offer the applicant an opportunity for an informal meeting/a review. If the preference denial is upheld as a result of the meeting or the applicant does not request a meeting, the applicant will be placed on the waiting list without benefit of the preference. Applicants may exercise other rights if they believe they have been discriminated against. If the applicant falsifies documents or makes false statements in order to qualify for any preference, they will be removed from the Waiting List.

Deconcentration – No Deconcentration Admission in 2010

Wait List Procedure [Reference HUD Approved Administrative Plan for Section 8 Chapter 4]

- The waiting list will contain the following information for each applicant listed:
 1. Name and social security number of head of household
 2. Relevant housing authority
 3. Unit size required (number of family members)
 4. Accessibility requirement, if any
 5. Date and time of application or application number
 6. Household type (family, elderly, disabled)
 7. Admission preference, if any
- The PHA will maintain one single community-wide waiting list for its developments.
- The PHA will not adopt site-based waiting lists.

2. Financial Resources

| HABC Financial Resources: Planned Sources and Uses | | |
|---|------------------------|---------------|
| Sources | Planned \$ | Planned Uses |
| 1. Federal Grants (FY 2010 grants) | | |
| a) Public Housing Operating Fund | \$2,136,439 | |
| b) Public Housing Capital Fund | \$824,447 | |
| c) HOPE VI Revitalization | | |
| d) HOPE VI Demolition | | |
| e) Annual Contributions for Section 8 Tenant-Based Assistance | \$9,989,765 | |
| f) Public Housing Drug Elimination Program (including any Technical Assistance funds) | | |
| g) Resident Opportunity and Self-Sufficiency Grants | \$53,614 | |
| h) Community Development Block Grant | | |
| i) HOME | | |
| Other Federal Grants (list below) | | |
| 2. Prior Year Federal Grants (unobligated funds only) (list below) | | |
| | | |
| 3. Public Housing Dwelling Rental Income | \$792,228 | PH OPERATIONS |
| 4. Other income (list below) | | |
| Excess Utilities | \$18,500 | PH OPERATIONS |
| Other Operations Income | \$64,616 | PH OPERATIONS |
| Interest | \$7,501 | OTHER |
| 5. Non-federal sources (list below) | | |
| | | |
| Total resources | \$13,887,110.00 | |

3. Rent Determination [HUD Approved ACOP Chapter 6 & Administrative Plan for Section 8 Chapter 6]

A family's income determines eligibility for assistance and is also used to calculate the family's rent payment. The PHA will use the policies and methods described in the HCV plan in chapter 6 to ensure that only eligible families receive assistance and that no family pays more or less than its obligation under the regulations.

4. Operation and Management

Public Housing Maintenance and Management

Admission & Continued Occupancy Policy
Maintenance Charge List
After Hours Emergency Service Call Policy
Pest Control Policy

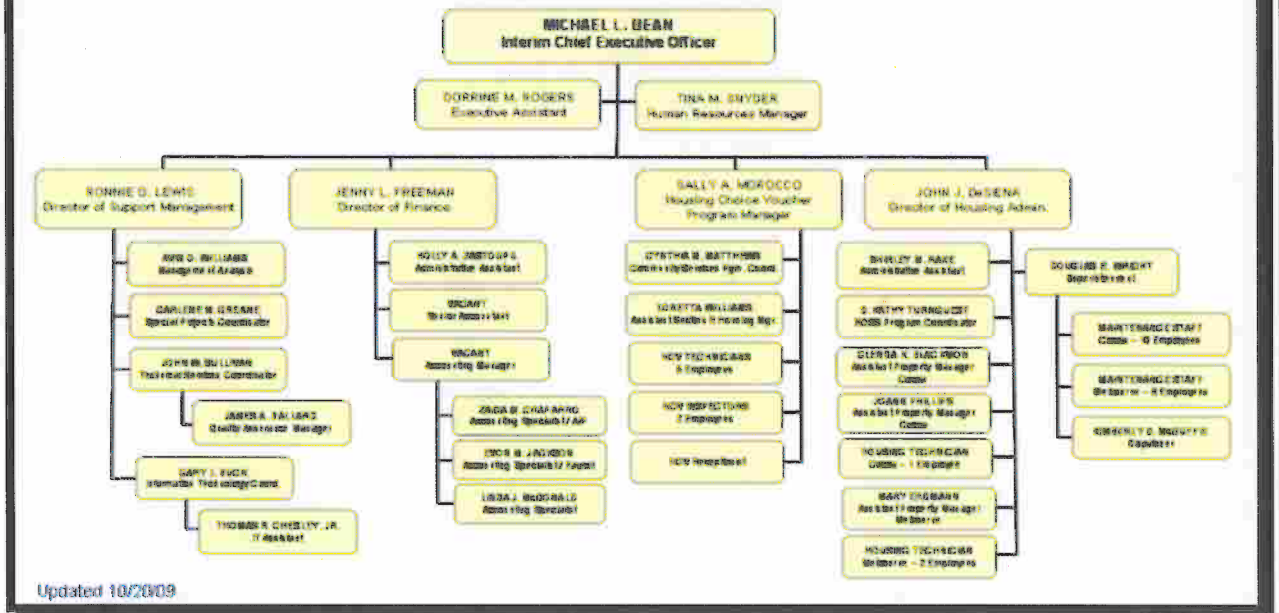
Section 8 Management

Section 8 Administrative Plan

BREVARD FAMILY OF HOUSING

ORGANIZATIONAL CHART

EXECUTIVE, FIRST LINE SUPERVISORS & ADMINISTRATIVE STAFF



5. Grievance Procedure [Reference HUD Approved ACOP Chapter 14]

Any evidence to be considered by the hearing officer must be presented at the time of the hearing. There are four categories of evidence.

Oral evidence: the testimony of witnesses

Documentary evidence: a writing which is relevant to the case, for example, a letter written to the PHA. Writings include all forms of recorded communication or representation, including letters, emails, words, pictures, sounds, videotapes or symbols or combinations thereof.

Demonstrative evidence: Evidence created specifically for the hearing and presented as an illustrative aid to assist the hearing officer, such as a model, a chart or other diagram.

Real evidence: A tangible item relating directly to the case.

Hearsay Evidence is evidence of a statement that was made other than by a witness while testifying at the hearing and that is offered to prove the truth of the matter. Even though evidence, including hearsay, is generally admissible, hearsay evidence alone cannot be used as the sole basis for the hearing officer's decision.

If the PHA fails to comply with the discovery requirements (providing the tenant with the opportunity to examine PHA documents prior to the grievance hearing), the hearing officer will refuse to admit such evidence.

Other than the failure of the PHA to comply with discovery requirements, the hearing officer has the authority to overrule any objections to evidence.

Grievance Procedure – HCV Program [HUD Approved Administrative Plan for Section 8 Chapter 16]

The PHA will only offer participants the opportunity for an informal hearing when required to by the regulations.

A request for an informal hearing must be made in writing and delivered to the PHA either in person or by first class mail, by the close of the business day, no later than 10 business days from the date of the PHA's ineligible notice or notice of other adverse action. Participants will be advised of their hearing rights at orientation and ineligible notices will advise participants of their rights in bold print. If the request is not made within ten (10) business days the participant will not be given an informal review. An exception will be made if the participant can document "good cause" for failing to request the review within the deadline, or if it is needed as a reasonable accommodation for a person with disabilities. Good cause is defined as an unavoidable conflict which seriously affects the health, safety or welfare of the family.

Upon receipt of the request for informal hearing, a program manager will coordinate a preliminary meeting in person or by telephone with the participant within ten (10) business days to determine 1) if the matter was requested within the ten (10) day deadline and is an issue that qualifies for an informal hearing; 2) If the matter can be resolved without an informal hearing; 3) If an impasse is reached, the Program Manager must request the administrative office to schedule an informal hearing within 10 business days of the informal meeting in person or by telephone.

6. Designated Housing for Elderly and Disabled Families

- (1) Baxley Manor (FL 20-8) has 60 units and is designated for the elderly. Also, the application status was approved and included in the PHA designation plan. (Approved Demo/Dispo)
- (2) Garden Apartments (FL 20-9) has 100 units and is designated for elderly. Also, the application status was approved and included in the PHA designation plan.

7. Community Service and Self-Sufficiency [Reference HUD Approved ACOP Chapter 11 and ROSS Grant]

- (1) PHA offers **Resident Opportunities and Self-Sufficiency (ROSS)** a program that provides various training skills and educational tools, for low-income families to remove barriers to economic self-sufficiency. The HCV program offers **Family Self-Sufficiency (FSS)** is a voluntary program of Housing and Urban Development. The goal of this program is to assist families in becoming independent of public assistance programs. The FSS Program is available to all eligible families currently receiving Housing Choice Voucher Program assistance through the housing authority, providing there are openings.
- (2) The PHA will aggressively market Self Sufficiency Programs through outreach in the community, both verbal and written. The public housing rent determination policies, public housing admissions policies, and preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA.
- (3) Adopt appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies. Inform residents of new policy on admission and reexamination. Actively notifying residents of new policy at times in addition to admission and reexamination. Establish or pursue a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services. Establish a protocol for exchange of information with all appropriate TANF agencies.

8. Safety and Crime Prevention

i. Describe the need for measures to ensure the safety of public housing residents

- High incidence of violent and/or drug related crime in some or all of the PHA's developments
- High incidence of violent and/or drug related crime the areas surrounding or adjacent to the PHA's development
- Residents are fearful for their safety and/or the safety of their children
- Observed lower-level crime, vandalism and/or graffiti
- People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent or drug- related crime
- Perceived and/or observed gang related activity
- Increased incidence of weapon reports and weapon related acts of violence

ii Crime Prevention activities conducted or to be conducted by the PHA

- Activities targeted to youth, adults and seniors
- Collaborative efforts with local Faith Based and Community Organizations, neighborhood watch groups, civic organizations, Law Enforcement and/or other County, State or Federal entities.
- Encourage resident participation in the planning, implementation and evaluation of crime prevention activities, awareness/educational campaigns and programs.

iii Coordination between PHA and the police

- Police provide crime data to housing authority staff for analysis and action
- Police have established an physical presence on housing authority property (e.g. designated community and neighborhood
- Officers to patrol in and around public housing
- Police regularly testify in and otherwise support eviction cases
- Police regularly meet with the PHA management and residents
- Partnership agreement through Project Safe Neighborhood – Department of Justice for provision of above-baseline law enforcement services.

9. Pets [Reference HUD Approved ACOP Chapter 10] - HCV does not have Pet Policy

Pets must be registered with the PHA before they are brought onto the premises.

Registration includes documentation signed by a licensed veterinarian or state/local authority that the pet has received all inoculations required by state or local law, and that the pet has no communicable disease(s) and is pest-free. This registration must be renewed annually and will be coordinated with the annual reexamination date.

Pets will not be approved to reside in a unit until completion of the registration requirements.

Common household pet means a domesticated animal, such as a dog, cat, or bird that is traditionally recognized as a companion animal and is kept in the home for pleasure rather than commercial purposes.

For an animal to be excluded from the pet policy and be considered an assistance animal, there must be a person with disabilities in the household, and the family must request and the PHA approve a reasonable accommodation in accordance with the policies contained in Chapter 2 in the PHA ACOP.

Residents must care for assistance animals in a manner that complies with state and local laws, including anti-cruelty laws.

Residents must ensure that assistance animals do not pose a direct threat to the health or safety of others, or cause substantial physical damage to the development, dwelling unit, or property of other residents.

When a resident's care or handling of an assistance animal violates these policies, the PHA will consider whether the violation could be reduced or eliminated by a reasonable accommodation. If the PHA determines that no such accommodation can be made, the PHA may withdraw the approval of a particular assistance animal.

| | <p>10. Civil Rights Certifications Civil rights certifications are included in the PHA Plan Certification of Compliance with the PHA Plans and Related Regulations (form HUD-50077).</p> <p>11. Fiscal Year Audit Preparation for the year of 2010 Financial Audit is under way, the audit will start by our new auditor Yeager & Boyd, CPAs and Associates, LLP. The projected start date will start in mid to late summer.</p> <p>12. Asset Management The Housing Authority of Brevard County is tracking inventory by AMP as required by HUD. The Agency has designated capital funds to rehabilitate and modernize specific units as stated in capital funding document.</p> <p>13. Violence Against Women (VAWA)</p> <p>In accordance with the Violence Against Women Act (VAWA), Brevard County Housing Authority (PHA) will not deny admission to any applicant on the basis that the applicant or a member of the applicant's immediate household is or has been a victim of domestic violence, dating violence, or stalking if the applicant is otherwise qualified. PHA will request applicant's who allege they are victims to certify via a HUD approved certification form that they are a victim of domestic violence and that an incident or incidents are bona fide incidents of such actual or threatened abuse. The certification form must be received by PHA within 14 days of receipt and must include the name of the perpetrator. PHA shall ensure the information received regarding victims of domestic violence will be maintained in confidential file, will not be entered into a shared database, will not be provided to any other entity unless the victim requests and consents; or unless otherwise required for use in eviction proceedings or required by law.</p> <p>Landlords participating in the Section 8 HCV program should not terminate the lease of an individual or family solely because of domestic violence. VAWA states that criminal activity directly relating to domestic violence, dating violence, or stalking, engaged in by a member of tenant's household, guest, or other person under tenant's control shall not be cause for termination of tenancy or assistance if tenant or immediate member of tenant's family is a victim of that violence or stalking.</p> <p>A landlord may terminate a tenant who engages in criminal acts of violence against family members or others.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 7.0 | <p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p> <p>(a). PHA do not have a Hope VI Program. Also, the PHA will be engaging in mixed-finance development activities with the following projects FL 20-7C and FL 20-8 Re-develop (to be named Island Horizons)</p> <p>(b). There is no demolition or disposition for PHA for FY 2010.</p> <p>(c). There is no conversion of public housing activities for PHA for FY 2010.</p> <p>(d). There is no homeownership administered for FY 2010.</p> <p>(e). No project-based vouchers is requested for FY 2010.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.0 | <p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.1 | <p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing. [See Attachment #1]</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.2 | <p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. [See Attachment #1]</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.3 | <p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9.0 | <p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. The source of information the PHA used to conduct this analysis was gathered from consolidated plan of the Jurisdiction 2005 – 2010 and the U.S. Census data: the Comprehensive Housing Affordability Strategy (CHAS) dataset.</p> <table border="1" data-bbox="272 1675 1474 1919"> <thead> <tr> <th colspan="8">Housing Needs of Families in the Jurisdiction by Family Type</th> </tr> <tr> <th>Family Type</th> <th>Overall</th> <th>Affordability</th> <th>Supply</th> <th>Quality</th> <th>Accessibility</th> <th>Size</th> <th>Location</th> </tr> </thead> <tbody> <tr> <td>Income <= 30% of AMI</td> <td>7,464</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> </tr> <tr> <td>Income >30% but <=50% of AMI</td> <td>9,232</td> <td>4</td> <td>5</td> <td>5</td> <td>4</td> <td>4</td> <td>3</td> </tr> <tr> <td>Income >50% but <80% of AMI</td> <td>2,973</td> <td>3</td> <td>5</td> <td>2</td> <td>2</td> <td>4</td> <td>2</td> </tr> <tr> <td>Elderly</td> <td>37,905</td> <td>5</td> <td>5</td> <td>4</td> <td>4</td> <td>3</td> <td>3</td> </tr> <tr> <td>Families with Disabilities</td> <td>9,375</td> <td>3</td> <td>5</td> <td>5</td> <td>4</td> <td>3</td> <td>3</td> </tr> <tr> <td>Race/Ethnicity</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> </tr> </tbody> </table> | Housing Needs of Families in the Jurisdiction by Family Type | | | | | | | | Family Type | Overall | Affordability | Supply | Quality | Accessibility | Size | Location | Income <= 30% of AMI | 7,464 | 5 | 5 | 5 | 5 | 5 | 5 | Income >30% but <=50% of AMI | 9,232 | 4 | 5 | 5 | 4 | 4 | 3 | Income >50% but <80% of AMI | 2,973 | 3 | 5 | 2 | 2 | 4 | 2 | Elderly | 37,905 | 5 | 5 | 4 | 4 | 3 | 3 | Families with Disabilities | 9,375 | 3 | 5 | 5 | 4 | 3 | 3 | Race/Ethnicity | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Housing Needs of Families in the Jurisdiction by Family Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family Type | Overall | Affordability | Supply | Quality | Accessibility | Size | Location | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Income <= 30% of AMI | 7,464 | 5 | 5 | 5 | 5 | 5 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Income >30% but <=50% of AMI | 9,232 | 4 | 5 | 5 | 4 | 4 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Income >50% but <80% of AMI | 2,973 | 3 | 5 | 2 | 2 | 4 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Elderly | 37,905 | 5 | 5 | 4 | 4 | 3 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Families with Disabilities | 9,375 | 3 | 5 | 5 | 4 | 3 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Race/Ethnicity | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|------|---|
| 9.1 | <p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>Need: Shortage of affordable housing for all eligible populations</p> <ul style="list-style-type: none"> • Employ effective maintenance and management policies to minimize the number of public housing units off-line • Reduce turnover time for vacated public housing units • Reduce time to renovate public housing units • Seek replacement of public housing units lost to the inventory through mixed finance development • Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction • Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required • Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration • Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program • Apply for additional section 8 units should they become available • Leverage affordable housing resources in the community through the creation of mixed - finance housing <p>Need: Specific Family Types: Families at or below 30% of median</p> <ul style="list-style-type: none"> • Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing • Employ admissions preferences aimed at families with economic hardships • Adopt rent policies to support and encourage work <p>Need: Specific Family Types: Families at or below 50% of median</p> <ul style="list-style-type: none"> • Employ admissions preferences aimed at families who are working <p>Need: Specific Family Types: The Elderly</p> <ul style="list-style-type: none"> • Seek designation of public housing for the elderly • Apply for special-purpose vouchers targeted to the elderly, should they become available • Expand the opportunities for community social service partners to provide their activities to the HABC elderly properties. <p>Need: Specific Family Types: Families with Disabilities</p> <ul style="list-style-type: none"> • Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing • Apply for special-purpose vouchers targeted to families with disabilities, should they become available • Affirmatively market to local non-profit agencies that assist families with disabilities <p>Need: Specific Family Types: Races or ethnicities with disproportionate housing needs</p> <ul style="list-style-type: none"> • Affirmatively market to races/ethnicities shown to have disproportionate housing needs • Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units • Market the section 8 program to owners outside of areas of poverty / minority |
| 10.0 | <p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. The PHA is meeting its mission and goals by providing decent, safe, and sanitary housing for persons of extremely low income through moderate income levels.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" [See Attachment #3]</p> <p>(c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance.</p> <ul style="list-style-type: none"> • The Housing Authority of Brevard County has a fully executed MOA with our Miami field office. The PHA has developed, implemented, tracked, collected and monitored the information that is requested of our PHA to bring our performance up to HUD standards. |
| 11.0 | <p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. [See Attachment #4]</p> <p>(g) Challenged Elements [See Attachment #5] The Housing Authority of Brevard County has no challenged elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) [See Attachment #2]</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) [See Attachment #2]</p> |

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

| Part I: Summary | | | | | |
|---|--|---|----------------------|--|----------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: FL 14P02050110 Date of CFFP: _____ | | Replacement Housing Factor Grant No: _____ | |
| | | | | FFY of Grant: 2010 FFY of Grant Approval: | |
| Type of Grant <input checked="" type="checkbox"/> Original Annual Statement 1/6/2010 <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 1 | Total non-CFP Funds | 0 | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | 132,039.00 | | | |
| 3 | 1408 Management Improvements | 80,518.00 | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 30,828.00 | | | |
| 5 | 1411 Audit | 27,126.00 | | | |
| 6 | 1415 Liquidated Damages | 0 | | | |
| 7 | 1430 Fees and Costs | 28,500.00 | | | |
| 8 | 1440 Site Acquisition | 0 | | | |
| 9 | 1450 Site Improvement | 0 | | | |
| 10 | 1460 Dwelling Structures | 257,128.00 | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 11,324.00 | | | |
| 12 | 1470 Non-dwelling Structures | 0 | | | |
| 13 | 1475 Non-dwelling Equipment | 16,000.00 | | | |
| 14 | 1485 Demolition | 160,312.00 | | | |
| 15 | 1492 Moving to Work Demonstration | 0 | | | |
| 16 | 1495.1 Relocation Costs | 56,672.00 | | | |
| 17 | 1499 Development Activities ⁴ | 24,000 | | | |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | 0 | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | 0 | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | 0 | | | |
| 20 | Amount of Annual Grant: (sum of lines 2 – 19) | 824,447.00 | | | |
| 21 | Amount of line 20 Related to LBP Activities | 0 | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | 0 | | | |
| 23 | Amount of line 20 Related to Security – Soft Costs | 10,000.00 | | | |
| 24 | Amount of line 20 Related to Security – Hard Costs | 0 | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | 10,000.00 | | | |

¹ To be completed for the Performance and Evaluation Report.

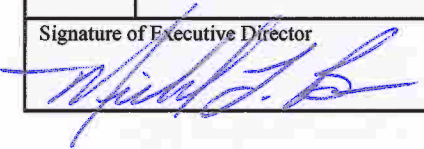
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

| | | | | | |
|---|---------------------------------------|---|------------------|--|-----------------|
| Part I: Summary | | | | | |
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: FL 14P02050110 Date of CFFP: _____ | | Replacement Housing Factor Grant No: | |
| | | | | FFY of Grant: 2010 FFY of Grant Approval: | |
| Type of Grant <input checked="" type="checkbox"/> Original Annual Statement 1/6/2010 <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost 1 | |
| | | Original | Revised 2 | Obligated | Expended |
| Signature of Executive Director  | | Date 1/15/2010 | | Signature of Public Housing Director Date | |

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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| Part II: Supporting Pages | | | | | | | | |
|---|---|---|----------|----------------------|----------------------|---------------------------------|--------------------------------|----------------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: FL 14P02050110 Replacement Housing Factor Grant No: | | CFPP (Yes/No): | | Federal FFY of Grant: 2010 | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| 1. Dwelling Structure | Complete Modernization | 1460 | 7 | 229,128.00 | | | | |
| FL02000011 | <u>Tucker Heights</u> Plumbing - Sewer laterals, clean outs, fixtures, sinks, tubs. Structural – Block wall repair, framing, shelving, Upgrade Electrical Panels, Replace Gas Hot Heaters with Electric, Replace Stoves, Replace Furnaces, Replace kitchen cabinets, replace floor & wall tile, drywall, and relocate gas piping Electrical – GFI repair /installation, light switch & outlet installation. HVAC- Relocation of heater switches, installed new heaters, and water heaters. | | | | | | | |
| | Sub Total | | | \$229,128.00 | | | | |
| 2. FL02000010 | FL20-7 No Name | 1460 | 6 | \$28,000.00 | | | | |
| | Mini Modernization Vacancy Upgrade Electrical Panels, Replace Gas Hot Heaters with Electric, Replace Stoves, Replace Furnaces, Replace kitchen cabinets, floor & wall tile, sinks & bathtubs, plumbing & electrical fixtures drywall as needed. | | | | | | | |
| | Sub Total | | | \$28,000.00 | | | | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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| Part II: Supporting Pages | | | | | | | | |
|---|---|--|---------------------------------|--|----------------------|-----------------------------------|--------------------------------|----------------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: FL 14P02050110 Replacement Housing Factor Grant No: CFFP (Yes/No): | | | | Federal FFY of Grant: 2010 | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| 3. Dwelling Equip- Nonexpendable FL02000010 FL02000010 FL02000010 FL02000011 FL02000011 FL02000010 FL02000011 | FL20-1 Citrus Court FL20-3 Fields Court FL20-4 Walton Court FL20-5 Hopkins Place FL20-6 Tucker Heights FL20-7 No Name Dwelling Equipment (refrigerator, stove and hot water heater replacement washers and dryers). | 1465.1 1465.1 1465.1 1465.1 1465.1 1465.1 | 2 2 2 5 5 14 | \$730.00 \$730.00 \$730.00 \$1,825.00 \$1,825.00 \$5,484.00 | | | | |
| | Sub Total | | | \$11,324.00 | | | | |
| 4. Management Improvements | a. Staff Training | 1408 | | \$3,000.00 | | | | |
| | b. Resident Employment and Capacity Building | 1408 | | \$26,759.00 | | | | |
| | <u>Resident Training & Init.</u> ➤ Resident Training & Init. - Resident Awareness and Responsibilities Training ➤ Fire Safety Watch ➤ Florida Neighborhood Conference | | | | | | | |
| | <u>Youth Initiatives</u> ➤ Youth Summit Partnership (with Weed & Seed, LEO, Faith & Comm. Groups) ➤ Swimming Passes | | | | | | | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

| Part II: Supporting Pages | | | | | | | | |
|---|--|---|----------|----------------------|----------------------|--|--------------------------------|----------------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: FL 14P02050110 Replacement Housing Factor Grant No: | | | | Federal FFY of Grant: 2010 CFFP (Yes/No): | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| | <u>Crime Prev. & DV Training</u> | | | | | | | |
| | ➤ Crime Prev. & DV Training | | | | | | | |
| | ➤ 2 Mini Conferences (Senior Safety, Domestic Violence Awareness) | | | | | | | |
| | ➤ Senior Fest | | | | | | | |
| | <u>Outreach Services</u> | | | | | | | |
| | ➤ Newsletter Production | | | | | | | |
| | ➤ Calendar of Services | | | | | | | |
| | ➤ Meeting Signs Beautification Projects | | | | | | | |
| | ➤ Homeownership Outreach | | | | | | | |
| | ➤ Homeownership Month (June) | | | | | | | |
| | ➤ Key Chains and Home Planning Manuals Booklets | | | | | | | |
| | ➤ Manuals & Prizes | | | | | | | |
| | c. Economic Self Sufficiency | 1408 | | \$30,759.00 | | | | |
| | <u>Public Service Aids (PSA)</u> | | | | | | | |
| | ➤ (3) Stipend to Elderly | | | | | | | |
| | ➤ (5) Stipend to Families | | | | | | | |
| | ➤ PSA Training | | | | | | | |
| | ➤ Direct Services | | | | | | | |
| | <u>SEMINARS</u> | | | | | | | |
| | ➤ Financial Responsibility (MONEY Smart) | | | | | | | |
| | ➤ Home Ownership (Fannie Mae – Opening the Door) | | | | | | | |
| | ➤ Life Skills (House Management) | | | | | | | |
| | ➤ Resident Training | | | | | | | |
| | ➤ Training on Employability Skills | | | | | | | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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| Part II: Supporting Pages | | | | | | | | |
|---|--|--|----------|---------------------------|----------------------|---------------------------------|-----------------------------------|----------------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: FL 14P02050110 Replacement Housing Factor Grant No: | | | CFPP (Yes/No): | | Federal FFY of Grant: 2010 | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| | d. Physical Needs Assessment | 1408 | | \$20,000.00 | | | | |
| | Sub Total | | | \$80,518.00 | | | | |
| 5. Non-Dwelling Equipment | Non-Dwelling Equipment (Computer Software). | 1475 | | \$16,000.00 | | | | |
| | Sub Total | | | \$16,000.00 | | | | |
| 6. Administration | Pro-Rate Salary of Technical Services Coordinator w/Benefits | 1410 | | \$30,828.00 | | | | |
| | Sub Total | | | \$30,828.00 | | | | |
| 7. Fee & Cost | Advertising, Painting, Testing & Other Cost Related Contracts | 1430 | | \$1,500.00 | | | | |
| FL02000011 | A&E Services (Tucker Heights) | 1430 | | \$27,000.00 | | | | |
| | Sub Total | | | \$28,500.00 | | | | |
| 8. Relocation Cost | Anticipated Relocation Cost | 1495.1 | | | | | | |
| FL02000011 | (Tucker Heights FL 20-6) (Baxley Manor FL 20-8) | | | \$6,672.00 \$50,000.00 | | | | |
| | Sub Total | | | \$56,672.00 | | | | |
| 9. Operations | Operations | 1406 | | \$132,039.00 | | | | |
| | Sub Total | | | \$132,039.00 | | | | |
| 10. Audit | Audit Fees | 1411 | | \$27,126.00 | | | | |
| | Sub Total | | | \$27,126.00 | | | | |
| 11. Demolition | Demolition Baxley Manor Interior | 1485 | | \$160,321.00 | | | | |
| | Sub Total | | | \$160,321.00 | | | | |
| 12. Dev Activites | FL-20-8 Baxley Manor | 1499 | | \$24,000 | | | | |
| | Sub Total | | | \$24,000 | | | | |
| | GRAND TOTAL | | | \$824,447.00 | | | | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

| Part I: Summary | | | | | | |
|---|---|---|--|--|--|--|
| PHA Name/Number Housing Authority of Brevard County | | | Locality (City/County & State) | | <input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No: | |
| A. | Development Number and Name | Work Statement for Year 1 FFY 2010 | Work Statement for Year 2 FFY 2011 | Work Statement for Year 3 FFY 2012 | Work Statement for Year 4 FFY 2013 | Work Statement for Year 5 FFY 2014 |
| | | Annual Statement | | | | |
| B. | Physical Improvements Subtotal | | 310,128.00 | 310,128.00 | 310,128.00 | 310,128.00 |
| C. | Management Improvements | | 80,518.00 | 80,518.00 | 80,518.00 | 80,518.00 |
| D. | PHA-Wide Non-dwelling Structures and Equipment | | 16,000.00 | 16,000.00 | 16,000.00 | 16,000.00 |
| E. | Administration | | 30,828.00 | 30,828.00 | 30,828.00 | 30,828.00 |
| F. | Other | | 254,934.00 | 254,934.00 | 254,934.00 | 254,934.00 |
| G. | Operations | | 132,039.00 | 132,039.00 | 132,039.00 | 132,039.00 |
| H. | Demolition | | | | | |
| I. | Development | | | | | |
| J. | Capital Fund Financing – Debt Service | | | | | |
| K. | Total CFP Funds | | 824,447.00 | 824,447.00 | 824,447.00 | 824,447.00 |
| L. | Total Non-CFP Funds | 0 | | | | |
| M. | Grand Total | 824,447.00 | 824,447.00 | 824,447.00 | 824,447.00 | 824,447.00 |

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
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| Work Statement for Year 1 FFY 2010 | Work Statement for Year FFY 2011 | | | Work Statement for Year: FFY 2012 | | |
|------------------------------------|--|----------------------------|----------------|--|----------------------------|----------------|
| | Development Number/Name General Description of Major Work Categories | Quantity | Estimated Cost | Development Number/Name General Description of Major Work Categories | Quantity | Estimated Cost |
| See Annual Statement | FL020000010- FL20-7A No Name | 12 Units | | FL020000010 - FL20-7A No Name | 12 Units | |
| | Modernization | | | Modernization | | |
| | Building Interior | | | Building Interior | | |
| | Carpentry | | \$50,000.00 | Carpentry | | \$50,128.00 |
| | Electrical | | \$30,000.00 | Electrical | | \$30,000.00 |
| | Mechanical | | \$30,000.00 | Mechanical | | \$30,000.00 |
| | Plumbing | | \$50,000.00 | Plumbing | | \$50,000.00 |
| | | | | | | |
| | FL020000010- FL 20-7B No Name | 28 Units | | FL020000010-FL 20-7B No Name | 28 Units | |
| | Building Interior | | | Building Interior | | |
| | Carpentry | | \$50,128.00 | Carpentry | | \$50,000.00 |
| | Electrical | | \$30,000.00 | Electrical | | \$30,000.00 |
| | Mechanical | | \$30,000.00 | Mechanical | | \$30,000.00 |
| | Plumbing | | \$40,000.00 | Plumbing | | \$40,000.00 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | Subtotal of Estimated Cost | | \$310,128.00 | Subtotal of Estimated Cost | |

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
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| Part II: Supporting Pages – Physical Needs Work Statement(s) | | | | | | |
|--|---|----------|----------------|---|----------|----------------|
| Work Statement for Year 1 FFY 2010 | Work Statement for Year FFY 2013 | | | Work Statement for Year: FFY 2014 | | |
| | Development Number/Name General Description of Major Work Categories | Quantity | Estimated Cost | Development Number/Name General Description of Major Work Categories | Quantity | Estimated Cost |
| See Annual Statement | FL020000011-FL 20-9 | 50 Units | | FL020000011-FL 20-9 | 50 Units | |
| | Garden Apartments | | | Garden Apartments | | |
| | Modernization | | | Modernization | | |
| | Building Interior | | | Building Interior | | |
| | Carpentry | | \$50,000.00 | Carpentry | | \$50,000.00 |
| | Electrical | | \$30,000.00 | Electrical | | \$30,000.00 |
| | Mechanical | | \$30,000.00 | Mechanical | | \$30,000.00 |
| | Plumbing | | \$50,000.00 | Plumbing | | \$50,000.00 |
| | | | | | | |
| | | | | | | |
| | FL020000011FL 20-7B No Name | 50 Units | | FL020000011-FL 20-7B No Name | 50 Units | |
| | Building Interior | | | Building Interior | | |
| | Carpentry | | \$50,000.00 | Carpentry | | \$50,128.00 |
| | Electrical | | \$30,000.00 | Electrical | | \$30,000.00 |
| | Mechanical | | \$30,000.00 | Mechanical | | \$30,000.00 |
| | Plumbing | | \$40,128.00 | Plumbing | | \$40,000.00 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Subtotal of Estimated Cost | | \$310,128.00 | Subtotal of Estimated Cost | | \$310,128.00 |

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
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Part III: Supporting Pages – Management Needs Work Statement(s)

| Work Statement for Year 1 FFY 2010 | Work Statement for Year FFY 2011 | | Work Statement for Year FFY 2012 | |
|------------------------------------|---|----------------|---|----------------|
| | Development Number/Name General Description of Major Work Categories | Estimated Cost | Development Number/Name General Description of Major Work Categories | Estimated Cost |
| See Annual Statement | FL020000010 & FL020000011 | | FL020000010 & FL020000011 | |
| | Staff Training To Obtain Efficient PHA's Score. | \$3,000.00 | Staff Training To Obtain Efficient PHA's Score. | \$3,000.00 |
| | Maintain Maintenance Technology (Maintenance Training – Gas School, UPCS Training, HVAC Training) | | Maintain Maintenance Technology (Maintenance Training – Gas School, UPCS Training, HVAC Training) | |
| | | | | |
| | | | | |
| | Resident Employment and Capacity Building | \$26,759.00 | Resident Employment and Capacity Building | \$26,759.00 |
| | | | | |
| | | | | |
| | Economic Self Sufficient | \$30,759.00 | Economic Self Sufficient | \$30,759.00 |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | Subtotal of Estimated Cost | \$80,518.00 | Subtotal of Estimated Cost | \$80,518.00 |

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part III: Supporting Pages – Management Needs Work Statement(s)

| Work Statement for Year 1 FFY 2010 | Work Statement for Year FFY 2013 | | Work Statement for Year FFY 2014 | |
|------------------------------------|---|----------------|---|----------------|
| | Development Number/Name General Description of Major Work Categories | Estimated Cost | Development Number/Name General Description of Major Work Categories | Estimated Cost |
| See Annual Statement | FL020000010 & FL020000011 | | FL020000010 & FL020000011 | |
| | Staff Training To Obtain Efficient PHA's Score. | \$3,000.00 | Staff Training To Obtain Efficient PHA's Score. | \$3,000.00 |
| | Maintain Maintenance Technology (Maintenance | | Maintain Maintenance Technology (Maintenance | |
| | Training – Gas School, UPCS Training, HVAC Training) | | Training – Gas School, UPCS Training, HVAC Training) | |
| | | | | |
| | | | | |
| | Resident Employment and Capacity Building | \$26,759.00 | Resident Employment and Capacity Building | \$26,759.00 |
| | | | | |
| | | | | |
| | Economic Self Sufficient | \$30,759.00 | Economic Self Sufficient | \$30,759.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Subtotal of Estimated Cost | \$80,518.00 | Subtotal of Estimated Cost | \$80,518.00 |

| | |
|--|--|
| PHA Certifications of Compliance with PHA Plans and Related Regulations | U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/2011 |
|--|--|

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the X 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 2010 , hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.


Housing Authority of Brevard County
PHA Name

FL020
PHA Number/HA Code

X 5-Year PHA Plan for Fiscal Years 20 10 - 20 15

X Annual PHA Plan for Fiscal Years 20 10 - 20 11

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

| | |
|---|---------------------|
| Name of Authorized Official | Title |
| Michael A. Hartman | HABC Board Chairman |
| Signature | Date |
|  | 1/7/10 |

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

Housing Authority of Brevard County

Program/Activity Receiving Federal Grant Funding

Annual Plan Fiscal Year 2010 - Capital Fund Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Michael L. Bean

Title

Chief Executive Officer

Signature

X

Date

01/15/2010

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Applicant Name

Housing Authority of Brevard County

Program/Activity Receiving Federal Grant Funding

Annual Plan Fiscal Year 2010 - Capital Fund Program

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Michael L. Bean

Title

Chief Executive Officer

Signature

Date (mm/dd/yyyy)



01/15/2010

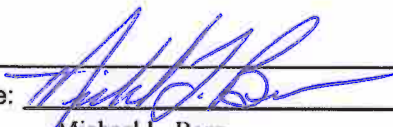
DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden disclosure.)

Approved by OMB

0348-0046

| | | | | | |
|--|--|---|--|--|--|
| 1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance | | 2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award | | 3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____ | |
| 4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: HOUSING AUTHORITY OF BREVARD COUNTY 615 KUREK COURT MERRITT ISLAND, FL 32953 Congressional District, if known: 4c | | | 5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: N/A Congressional District, if known: | | |
| 6. Federal Department/Agency: N/A | | | 7. Federal Program Name/Description: N/A CFDA Number, if applicable: _____ | | |
| 8. Federal Action Number, if known: N/A | | | 9. Award Amount, if known: \$ N/A | | |
| 10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): N/A | | | b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): N/A | | |
| 11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. | | | Signature:  Print Name: Michael L. Bean Title: Chief Executive Officer Telephone No.: (321) 452-5331 Ext. 10 Date: 1/15/2010 | | |
| Federal Use Only: | | | | | Authorized for Local Reproduction Standard Form LLL (Rev. 7-97) |

**Certification of Consistency
with the Consolidated Plan****U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Housing Authority of Brevard County

Project Name: 5 Year and Annual PHA Plan For FY Beginning 2010

Location of the Project: Brevard County, Florida

Name of the Federal
Program to which the
applicant is applying: 5 Year and Annual PHA Plan for FY Beginning 2010

Name of
Certifying Jurisdiction: Housing and Human Services Department

Certifying Official
of the Jurisdiction
Name: Gay N. Williams

Title: Director of Housing and Human Services Department

Signature: 

Date: 1/15/09

HOUSING AUTHORITY OF BREVARD COUNTY
2010 ANNUAL PLAN RAB COMMENT FORM

NAME Janet Watts

ADDRESS 575 Player Ln. #1 M.I.

☒ APPROVE AS SUBMITTED

☐ DISAPPROVE AS SUBMITTED

COMMENTS

Fish are not a pet
Request bike rack
Clear sidewalk / Dr. toys
BUGMAN IS HORRIBLE

Janet Watts
Signature

Please return form in the enclosed envelope to:

Avis O. Williams
Brevard Family of Housing
615 Kurek Court
Merritt Island, FL 32953



Equal Housing-Equal Employment

HOUSING AUTHORITY OF BREVARD COUNTY

615 Kurek Court

P.O. Box 540338

Merritt Island, FL 32954-0338

www.brfamha.org

**Housing Authority of
Brevard County**
615 Kurek Court
Merritt Island, FL 32953

Commissioners

Nancy E. Brower
George L. Fayson, Sr.
Cynthia A. Green
Michael A. Hartman
John M. Turla
Sue Warwick

INTERIM CHIEF
EXECUTIVE OFFICER

Michael L. Bean
615 Kurek Court
Merritt Island, FL 32953
(321) 452-5331
Fax (321) 452-3181
TDD (321) 452-7819

October 5, 2009

Ms. Janet Watts
575 Player Lane, Unit #1
Merritt Island, FL 32953

Dear Ms. Watts:

Thank you for your comments regarding the Housing Authority of Brevard County's Annual Plan. Your concerns are important to us. We appreciate you taking the time not only to review the Annual Plan but to write your comments and concerns and submit them to us for action.

I have forwarded your comments to our Director of Housing Administration for further action. You can be assured that they will be taken into serious consideration.

Again, thank you for your response.

Sincerely,

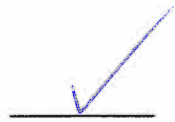
Michael L. Bean
Interim Chief Executive Officer

cc: John J. DeSiena, Director of Housing Administration
Avis O. Williams, Management Analysis Technician

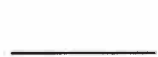
HOUSING AUTHORITY OF BREVARD COUNTY
2010 ANNUAL PLAN RAB COMMENT FORM

NAME LINDA ANN HATCHER

ADDRESS 577 Payer Lane #6, MI 32953



APPROVE AS SUBMITTED



DISAPPROVE AS SUBMITTED

COMMENTS

~~Remove pet / fix in pet!~~ A terminator needs to do more thorough job. Pet deposits & lease (or size & weight needs to be enforced for pets #2, #3, ^{dog} ^{cat, better} ^{poor pit dog}, #4; on floor bag brand & returns on lease (either put them on lease or put them out). I'm tired of being - I don't have any who reports this stuff!! Would be nice for voice mails to be returned. ~~Contacted this & call was never returned.~~

Linda Ann Hatcher

Signature

Please return form in the enclosed envelope to:

Avis O. Williams
Brevard Family of Housing
615 Kurek Court
Merritt Island, FL 32953



Equal Housing-Equal Employment

HOUSING AUTHORITY OF BREVARD COUNTY

615 Kurek Court

P.O. Box 540338

Merritt Island, FL 32954-0338

www.brfamha.org

**Housing Authority of
Brevard County**
615 Kurek Court
Merritt Island, FL 32953

Commissioners

Nancy E. Brower
George L. Fayson, Sr.
Cynthia A. Green
Michael A. Hartman
John M. Turla
Sue Warwick

**INTERIM CHIEF
EXECUTIVE OFFICER**

Michael L. Bean
615 Kurek Court
Merritt Island, FL 32953
(321) 452-5331
Fax (321) 452-3181
TDD (321) 452-7819

October 5, 2009

Ms. Linda Ann Hatcher
577 Player Lane, Unit #6
Merritt Island, FL 32953

Dear Ms. Hatcher:

Thank you for your comments regarding the Housing Authority of Brevard County's Annual Plan. Your concerns are important to us. We appreciate you taking the time not only to review the Annual Plan but to write your comments and concerns and submit them to us for action.

I have forwarded your comments to our Director of Housing Administration for further action. You can be assured that they will be taken into serious consideration.

Again, thank you for your response.

Sincerely,

Michael L. Bean
Interim Chief Executive Officer

cc: John J. DeSiena, Director of Housing Administration
Avis O. Williams, Management Analysis Technician

HOUSING AUTHORITY OF BREVARD COUNTY
2010 ANNUAL PLAN RAB COMMENT FORM

NAME JoAnn Vigay

ADDRESS 575 PLAYER LANE APT 4

☒ APPROVE AS SUBMITTED

☐ DISAPPROVE AS SUBMITTED

COMMENTS ^{fish from}
Remove Pets Policy
Clear side walk
Put Toys away
request for Bike rack
EXTERMINATED Sucks

JoAnn Vigay
Signature

Please return form in the enclosed envelope to:

Avis O. Williams
Brevard Family of Housing
615 Kurek Court
Merritt Island, FL 32953



Equal Housing-Equal Employment

HOUSING AUTHORITY OF BREVARD COUNTY

615 Kurek Court

P.O. Box 540338

Merritt Island, FL 32954-0338

www.brfamha.org

**Housing Authority of
Brevard County**
615 Kurek Court
Merritt Island, FL 32953

Commissioners

Nancy E. Brower
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Cynthia A. Green
Michael A. Hartman
John M. Turla
Sue Warwick

INTERIM CHIEF
EXECUTIVE OFFICER

Michael L. Bean
615 Kurek Court
Merritt Island, FL 32953
(321) 452-5331
Fax (321) 452-3181
TDD (321) 452-7819

October 5, 2009

Ms. JoAnn Vigay
575 Player Lane, Unit #4
Merritt Island, FL 32953

Dear Ms. Vigay:

Thank you for your comments regarding the Housing Authority of Brevard County's Annual Plan. Your concerns are important to us. We appreciate you taking the time not only to review the Annual Plan but to write your comments and concerns and submit them to us for action.

I have forwarded your comments to our Director of Housing Administration for further action. You can be assured that they will be taken into serious consideration.

Again, thank you for your response.

Sincerely,

Michael L. Bean
Interim Chief Executive Officer

cc: John J. DeSiena, Director of Housing Administration
Avis O. Williams, Management Analysis Technician

HOUSING AUTHORITY OF BREVARD COUNTY
(FL 020) Annual Plan for Fiscal Year 2010

Attachment #5 – Challenged Elements (11.0)(g)

NO Reported Challenged Elements for Housing
Authority of Brevard County for Fiscal Year 2010

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is required by Section 6(c)(4) of the U.S. Housing Act of 1937. The information is the operating budget for the low-income public housing program and provides a summary of the proposed/budgeted receipts and expenditures, approval of budgeted receipts and expenditures, and justification of certain specified amounts. HUD reviews the information to determine if the operating plan adopted by the public housing agency (PHA) and the amounts are reasonable, and that the PHA is in compliance with procedures prescribed by HUD. Responses are required to obtain benefits. This information does not lend itself to confidentiality.

PHA Name: Housing Authority of Brevard County PHA Code: FL020

PHA Fiscal Year Beginning: April 1, 2010 Board Resolution Number: 20-2010-01-01

Acting on behalf of the Board of Commissioners of the above-named PHA as its Chairperson, I make the following certifications and agreement to the Department of Housing and Urban Development (HUD) regarding the Board's approval of (check one or more as applicable):

DATE

- X Operating Budget approved by Board resolution on: 01-07-10
- Operating Budget submitted to HUD, if applicable, on:
- Operating Budget revision approved by Board resolution on:
- Operating Budget revision submitted to HUD, if applicable, on:

I certify on behalf of the above-named PHA that:

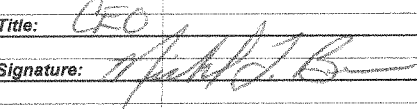
- 1. All statutory and regulatory requirements have been met;
- 2. The PHA has sufficient operating reserves to meet the working capital needs of its developments;
- 3. Proposed budget expenditure are necessary in the efficient and economical operation of the housing for the purpose of serving low-income residents;
- 4. The budget indicates a source of funds adequate to cover all proposed expenditures;
- 5. The PHA will comply with the wage rate requirement under 24 CFR 968.110(c) and (f); and
- 6. The PHA will comply with the requirements for access to records and audits under 24 CFR 968.110(i).

I hereby certify that all the information stated within, as well as any information provided in the accompaniment herewith, if applicable, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012.31, U.S.C. 3729 and 3802)

Print Board Chairperson's Name: Michael A. Hartman Signature: [Signature] Date: 1/15/10

| | | |
|-------------------------------------|--|----------------------|
| HOUSING AUTHORITY OF BREVARD COUNTY | | |
| LOW INCOME PUBLIC HOUSING | | |
| FUND 422 - COCOA & NORTH PROPERTIES | | |
| BUDGET FOR FY 2010-2011 | | |
| | | |
| GL Account | Account Title | Budget |
| 422-8020 | CONT EARNED OPERATING SUBSIDY | \$ 889,612 |
| 422-3110 | DWELLING RENTAL INCOME | 375,503 |
| 422-3690 | OTHER INCOME | 22,884 |
| 422-3610 | INTEREST INCOME | 1,375 |
| | TOTAL INCOME | 1,289,374 |
| | | |
| | EXPENSES | |
| | ADMINISTRATIVE EXPENSE | |
| 422-4110 | ADMINISTRATIVE SALARIES | 85,945 |
| 422-411001 | ADMINISTRATIVE SALARIES OVERTIME | 993 |
| 422-4540 | EMPLOYEE BENEFIT CONTRIBUTIONS | 16,033 |
| 422-454001 | EMPLOYEE BENEFITS RETIREMENT | 4,193 |
| 422-418501 | EMPLOYEE HEALTH INSURANCE DEBIT CARDS | 8,146 |
| 422-418501 | EMP. HEALTH DEBIT CARD ADMINISTRATION FEE | 300 |
| | UNEMPLOYMENT COMPENSATION EXPENSE | 20,000 |
| 422-4130 | LEGAL EXPENSE | 5,000 |
| 422-4145 | PROFESSIONAL DEVELOPMENT/STAFF TRAINING/TRAVEL | 242 |
| 422-4171 | AUDIT FEES | 11,367 |
| 422-451001 | PROPERTY INSURANCE | 112,037 |
| 422-451002 | LIABILITY INSURANCE | 15,527 |
| 422-451003 | WORKER'S COMP INSURANCE | 6,600 |
| 422-451005 | AUTO INSURANCE | 8,000 |
| 422-451007 | CONTENTS INSURANCE | 319 |
| 422-4520 | PILOT | 24,600 |
| | TOTAL ADMINISTRATIVE EXPENSE | 319,302 |
| | AMP FEE EXPENSE | |
| 422-416001 | PROPERTY MANAGEMENT FEE EXPENSE | 160,698 |
| 422-416002 | BOOKKEEPING FEE EXPENSE | 22,066 |
| 422-416003 | ASSET MANAGEMENT FEE EXPENSE | 43,344 |
| 422-416004 | IT FEE EXPENSE | 2,400 |
| 422-416006 | ADMIN/FRONTLINE FEE EXPENSE | 19,502 |
| | TOTAL AMP FEE EXPENSE | 248,010 |
| | GENERAL OPERATING EXPENSE | |
| 422-419001 | OFFICE SUPPLIES | 13,708 |
| 422-419002 | TELEPHONE | 9,059 |
| 422-419003 | MEMBERSHIPS DUES ETC. | 284 |
| 422-419005 | POSTAGE | 7,742 |
| 422-419007 | ADVERTISING & MARKETING | 500 |
| 422-4590 | GENERAL ADMIN EXPENSES | 967 |
| | TOTAL GENERAL OPERATING EXPENSE | 32,260 |
| | TENANT RELATED EXPENSES | |
| 422-419004 | LEGAL FEES TENANTS | 867 |
| 422-443014 | CONTRACTS AGREEMENTS - INTERNET | 33,410 |
| 422-4230 | TENANT SERVICES - CONTRACTS | 630 |
| 422-4231 | TENANT SERVICES-OTHER | 2,411 |
| | TOTAL TENANT RELATED EXPENSES | 37,318 |
| | UTILITIES | |
| 422-4310 | WATER | 23,821 |
| 422-4320 | ELECTRICITY | 35,755 |
| 422-4330 | GAS | 657 |
| 422-4390 | SEWER | 53,561 |
| 422-4431 | GARBAGE & TRASH REMOVAL | 8,148 |
| | TOTAL UTILITIES | 121,942 |
| | MAINTENANCE EXPENSES | |
| 422-4410 | MAINTENANCE WAGES | 178,978 |
| 422-441001 | MAINTENANCE WAGES OVERTIME | 4,360 |
| 422-4433 | MAINTENANCE EMPLOYEE BENEFITS | 48,031 |
| 422-443301 | MAINTENANCE EMPLOYEE BENEFITS - RETIREMENT | 7,228 |
| 422-4420 | MATERIALS | 42,234 |
| 422-442001 | MATERIALS-TURNAROUND | 4,455 |
| 422-443001 | MAINTENANCE CONTRACTS - HEAT & COOL | 4,928 |
| 422-443002 | MAINTENANCE CONTRACTS - ELEVATOR | 5,039 |
| 422-443003 | MAINTENANCE CONTRACTS-LANDSCAPING | 38,958 |
| 422-443004 | MAINTENANCE CONTRACTS-TURNAROUND | 16,506 |
| 422-443005 | MAINTENANCE CONTRACTS - ELECTRICAL | 2,229 |
| 422-443007 | MAINTENANCE CONTRACTS - EXTERMINATION | 12,488 |
| 422-443008 | MAINTENANCE CONTRACTS - JANITORIAL | 398 |
| 422-443010 | CONTRACTS AGREEMENTS - PROPANE | 35,978 |
| 422-443011 | CONTRACTS AGREEMENTS - SLUDGE | 6,194 |
| 422-443012 | CONTRACTS AGREEMENTS - GAS CARD | 9,676 |
| 422-443013 | CONTRACTS AGREEMENTS - AUTO MAINTENANCE | 4,176 |
| 422-443015 | CONTRACTS AGREEMENTS - EQUIPMENT | 1,712 |
| 422-443016 | CONTRACTS AGREEMENTS - UNIFORM | 1,087 |
| 422-443017 | CONTRACTS AGREEMENTS - ADMIN | 1,264 |
| 422-443018 | CONTRACTS AGREEMENTS - COMPUTER | 1,942 |
| 422-443019 | CONTRACTS AGREEMENTS - ALARM SERVICE | 4,073 |
| 422-443020 | CONTRACTS AGREEMENTS - TENNANT SERVICES | 192 |
| 422-443023 | CONTRACTS AGREEMENTS - INSPECTIONS | 8,012 |
| | TOTAL MAINTENANCE EXPENSES | 440,138 |
| | TOTAL EXPENSE | 1,198,970 |
| | PROJECTED NET INCOME (LOSS) | \$ 90,404 |
| | | |
| PHA/IHA Approval Name: | | |
| Title: <i>CEO</i> | | |
| Signature: <i>[Signature]</i> | | Date: <i>1/15/10</i> |
| | | |
| Field Office Approval Name: | | |
| Title: | | |
| Signature: | | Date: |
| | | |

| | | |
|---|--|----------------------|
| | HOUSING AUTHORITY OF BREVARD COUNTY | |
| | LOW INCOME PUBLIC HOUSING | |
| | FUND 421 - SOUTH PROPERTIES | |
| | BUDGET FOR FY 2010-2011 | |
| | | |
| GL Account | Account Title | Budget |
| 421-8020 | CONT EARNED OPER SUBSIDY | \$ 920,991 |
| 421-3110 | DWELLING RENTAL INCOME | 420,045 |
| 421-312000 | EXCESS UTILITIES OWED BY TENANTS | 19,220 |
| 421-3610 | INTEREST INCOME | 1,007 |
| 421-396000 | OTHER INCOME | 46,910 |
| | TOTAL INCOME | 1,408,173 |
| | EXPENSES | |
| | ADMINISTRATIVE EXPENSE | |
| 421-4110 | ADMINISTRATIVE SALARIES | 87,065 |
| 421-411001 | ADMINISTRATIVE SALARIES OVERTIME | 3,067 |
| 421-4540 | EMPLOYEE BENEFIT CONTRIBUTIONS | 27,847 |
| 421-454001 | EMPLOYEE BENEFITS RETIREMENT | 5,637 |
| 421-418501 | EMPLOYEE HEALTH INSURANCE DEBIT CARDS | 7,911 |
| | EMP. HEALTH DEBIT CARD ADMINISTRATION FEE | 500 |
| | UNEMPLOYMENT COMPENSATIONS EXPENSE | 40,000 |
| 421-4130 | LEGAL EXPENSE | 2,500 |
| 421-4145 | PROFESSIONAL DEVELOPMENT/STAFF TRAINING/TRAVEL | 5,000 |
| 421-4171 | AUDIT FEES | 5,882 |
| 421-451001 | PROPERTY INSURANCE | 80,597 |
| 421-451002 | LIABILITY INSURANCE | 11,275 |
| 421-451003 | WORKER'S COMP INSURANCE | 5,460 |
| 421-451005 | AUTO INSURANCE | 5,581 |
| 421-451007 | CONTENTS INSURANCE | 222 |
| 421-4520 | PILOT | 8,900 |
| | TOTAL ADMINISTRATIVE EXPENSE | 297,444 |
| | AMP FEE EXPENSES | |
| 421-416001 | PROPERTY MANAGEMENT FEE EXPENSE | 167,494 |
| 421-416002 | BOOKKEEPING FEE EXPENSE | 22,999 |
| 421-416003 | ASSET MGMT FEE EXPENSE | 31,752 |
| 421-416004 | IT FEE EXPENSE | 1,658 |
| 421-416006 | ADMIN FRONTLINE FEE EXPENSE | 14,287 |
| | TOTAL AMP FEE EXPENSE | 238,190 |
| | GENERAL OPERATING EXPENSE | |
| 421-419001 | OFFICE SUPPLIES | 8,862 |
| 421-419002 | TELEPHONE | 7,898 |
| 421-419003 | MEMBERSHIPS DUES ETC. | 161 |
| 421-419005 | POSTAGE | 3,699 |
| 421-4196 | OTHER OPERATING -ADMINISTRATION | 79 |
| | TOTAL GENERAL OPERATING EXPENSE | 20,699 |
| | TENANT RELATED EXPENSES | |
| 421-419004 | LEGAL FEES TENANTS | 10,168 |
| 421-443014 | CONTRACTS AGREEMENTS - INTERNET | 16,147 |
| 421-4231 | TENANT SERVICES-OTHER | 2,292 |
| | TOTAL TENANT RELATED EXPENSES | 28,607 |
| | UTILITIES | |
| 421-4310 | WATER | 43,902 |
| 421-4320 | ELECTRICITY | 32,547 |
| 421-4330 | GAS | 78 |
| 421-4390 | SEWER | 77,173 |
| 421-4431 | GARBAGE & TRASH REMOVAL | 25,421 |
| | TOTAL UTILITIES | 179,121 |
| | MAINTENANCE EXPENSES | |
| 421-4400 | MAINTENANCE & OPERATION | 1,822 |
| 421-4410 | MAINTENANCE WAGES | 133,996 |
| 421-441001 | MAINTENANCE WAGES OVERTIME | 2,209 |
| 421-4433 | MAINTENANCE EMPLOYEE BENEFITS | 27,041 |
| 421-443301 | MAINTENANCE EMPLOYEE BENEFITS - RETIREMENT | 4,498 |
| 421-4420 | MATERIALS-WORK ORDERS | 46,282 |
| 421-442001 | MATERIALS-TURNAROUND | 8,076 |
| 421-443001 | MAINTENANCE CONTRACTS - HEAT & COOL | 778 |
| 421-443003 | MAINTENANCE CONTRACTS - LANDSCAPING | 32,130 |
| 421-443004 | MAINTENANCE CONTRACTS - TURNAROUND | 30,374 |
| 421-443005 | MAINTENANCE CONTRACTS - ELECTRICAL | 205 |
| 421-443006 | MAINTENANCE CONTRACTS - PLUMBING | 5,513 |
| 421-443007 | MAINTENANCE CONTRACTS - EXTERMINATION | 9,961 |
| 421-443012 | CONTRACTS AGREEMENTS - GAS CARD | 7,138 |
| 421-443013 | CONTRACTS AGREEMENTS - AUTO MAINTENANCE | 3,115 |
| 421-443015 | CONTRACTS AGREEMENTS - EQUIPMENT | 2,108 |
| 421-443016 | CONTRACTS AGREEMENTS - UNIFORM | 1,394 |
| 421-443017 | CONTRACTS AGREEMENTS - ADMIN | 789 |
| 421-443018 | CONTRACTS AGREEMENTS - COMPUTER | 2,211 |
| 421-443019 | CONTRACTS AGREEMENTS - ALARM SERVICE | 755 |
| 421-443020 | CONTRACTS AGREEMENTS - TENNANT SERVICES | 188 |
| 421-443023 | CONTRACTS AGREEMENTS - INSPECTIONS | 4,877 |
| | TOTAL MAINTENANCE EXPENSES | 325,460 |
| | TOTAL EXPENSE | 1,089,521 |
| | PROJECTED NET INCOME (LOSS) | \$ 318,652 |
| PHA/IHA Approval Name: | | |
| Title: CEO | | |
| Signature:  | | Date: 1/15/10 |
| Field Office Approval Name: | | |
| Title: | | |
| Signature: | | Date: |

| HOUSING AUTHORITY OF BREVARD COUNTY | | |
|-------------------------------------|--|----------------------|
| HOUSING CHOICE VOUCHER PROGRAM | | |
| FUND 821 - SECTION 8 | | |
| BUDGET FOR FY 2010-2011 | | |
| | | |
| GL Account | Account Title | Budget |
| 821-2210 | PREPAID ANNUAL CONTRIBUTIONS | \$ 10,380,000 |
| 821-330008 | INCOME PORTABILITY - UTILITY ALLOWANCE | 1,220 |
| 821-330009 | INCOME PORTABILITY | 218,411 |
| 821-330001 | FRAUD RECOVERY FUNDS | 69,068 |
| | TOTAL HAP INCOME | 10,668,699 |
| 821-3450 | ADMIN FEE | 912,000 |
| 821-3452 | ADMIN FEE - PORTABILITY | 16,383 |
| 821-3405 | REVENUE - FSS | 59,438 |
| 821-3690.1 | HARD TO HOUSE FEES | 113 |
| 821-3610 | INTEREST INCOME | 6,316 |
| | TOTAL ADMIN INCOME | 994,250 |
| | | |
| | TOTAL INCOME | 11,662,949 |
| | EXPENSES | |
| | ADMINISTRATIVE EXPENSE | |
| 821-4110 | ADMINISTRATIVE SALARIES | 435,564 |
| 821-411001 | ADMINISTRATIVE SALARIES OVERTIME | 717 |
| 821-418501 | EMPLOYEE HEALTH INSURANCE DEBIT CARDS | 19,497 |
| 821-454001 | EMPLOYEE BENEFITS - RETIREMENT | 15,651 |
| 821-454000 | ER FICA & MCARE - ADMIN | 31,774 |
| 821-454002 | ER INSURANCE EXP - ADMIN | 51,872 |
| 821-454004 | ER DENTAL INS EXP - ADMIN | 3,471 |
| 821-454005 | ER VISION INS EXP - ADMIN | 829 |
| 821-454006 | ER LIFE INS EXP - ADMIN | 600 |
| 821-4145 | PROFESSIONAL DEVELOPMENT/STAFF TRAINING/TRAVEL | 944 |
| 821-4171 | AUDIT FEES | 5,250 |
| 821-4180 | RENT EXPENSE | 48,000 |
| 821-4196 | OTHER OPERATING ADMINISTRATION | 1,418 |
| | TOTAL ADMINISTRATIVE EXPENSE | 615,587 |
| | GENERAL OPERATING EXPENSE | |
| 821-419001 | OFFICE SUPPLIES | 3,724 |
| 821-419002 | TELEPHONE | 8,720 |
| 821-419003 | MEMBERSHIPS DUES ETC | 2,356 |
| 821-419005 | POSTAGE | 13,500 |
| | TOTAL GENERAL OPERATING EXPENSE | 28,300 |
| | MAINTENANCE COSTS | |
| 821-443012 | CONTRACTS/AGREEMENTS - GAS CARDS | 3,558 |
| 821-443013 | CONTRACTS/AGREEMENTS - AUTO MAINTENANCE | 3,179 |
| 821-443014 | CONTRACTS/AGREEMENTS - INTERNET | 1,835 |
| 821-443015 | CONTRACTS/AGREEMENTS - EQUIPMENT | 11,504 |
| 821-443017 | CONTRACTS/AGREEMENTS - ADMIN | 3,210 |
| 821-443018 | CONTRACTS/AGREEMENTS - COMPUTER | 4,314 |
| 821-443019 | CONTRACTS/AGREEMENTS - ALARM SERVICES | 237 |
| 821-443020 | CONTRACTS/AGREEMENTS - TENANT SERVICES | 770 |
| 821-113023 | CONTRACTS/AGREEMENTS - INSPECTIONS/TEST | 1,890 |
| 821-4400 | MAINTENANCE & OPERATION | 1,983 |
| | TOTAL MAINTENANCE COSTS | 32,480 |
| 821-471501 | HAP OCCUPIED UNITS | 10,161,462 |
| 821-471504 | HAP UTILITY ALLOWANCES | 215,535 |
| | SUBTOTAL HAP COSTS | 10,376,997 |
| | | |
| | TOTAL EXPENSE | 11,053,364 |
| | PROJECTED NET INCOME(LOSS) | \$ 609,585 |
| PHA/IHA Approval Name: | | |
| Title: <i>CEO</i> | | |
| Signature: <i>[Signature]</i> | | Date: <i>1/15/10</i> |
| Field Office Approval Name: | | |
| Title: | | |
| Signature: | | Date: |

Progress on the Goals and Objectives from the previous Five (5) Year PHA Plan 2004-2009

2004-2009 HABC Plan Previous Goals – And our Performance

2005 to 2009 Five-Year PHA Plan 5.2 PHA Goals and Objectives

PHA Goal: Expand the supply of assisted housing

1. Increase the availability of decent, safe, and affordable housing

PHA Goal: Expand the supply of assisted housing

Objectives: Leverage private or other public funds to create additional housing opportunities and acquire or build units or developments.

Progress: The agency has not made progress in its development efforts.

PHA Goal: Improve the quality of assisted housing

Objectives: Improve public housing management PHAS score, concentrate on efforts to improve specific management functions (e.g., public housing finance, voucher unit inspections), renovate or modernize public housing units, demolish or dispose of obsolete public housing, and provide replacement public housing.

Progress: The agency did not have any small scale improvement items under modernization.

2. Improve community quality of life and economic vitality

PHA Goal: Provide an improved living environment

Objectives: Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments, implement public housing security improvements, and designate developments or buildings for particular resident groups (elderly and persons with disabilities).

Progress: The PHA already promotes income mixing and ensures access to lower income families. The PHA has improved lighting for all areas to promote safety and to deter crime. In addition the trimming of trees has also been completed where needed. The PHA also has designated developments for the elderly.

3. Promote self-sufficiency and asset development of families and individuals

PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives: Increase the number and percentage of employed persons in assisted families, provide or attract supportive services to improve assistance recipients' employability, and provide or attract supportive services to increase independence for the elderly or families with disabilities.

Progress: The PHA identified and implemented programs with community-based partners that promotes family self-sufficiency, including first time homeownership opportunities for low-income families. The PHA applied for SuperNOFA grants as applicable, including the ROSS grant funds. In addition, the PHA has recently amended its procurement policy to include Section 3 goals that promotes self-sufficiency residents of public housing.

4. Ensure Equal Opportunity in Housing for all Americans

PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability.

Progress: Coordinated with the Fair Housing Continuum, Inc., to provide training updates for staff.

Objectives:

Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability.

Progress: The PHA conducted outreach in all communities to expand housing options; maintained outreach activities and communication with local apartment associations by posting owner flyers and newsletters for landlords; and amended the agency ACOP policy to include the revised procedures regarding reasonable accommodation.

Objectives:

Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required.

Progress: The PHA provided staff with training from the Fair Housing Continuum to ensure success of affirmatively furthering fair housing initiatives and goals; coordinated with numerous Brevard County agencies and community based organizations to assist special needs clients and provided special accommodations when necessary; and collaborated with community based service providers to add shared housing options and special housing types for developmentally disabled and other special needs clients.

5. Administration and Management (Category I)

PHA Goal: To improve our levels of both regulatory compliance and program integrity throughout all areas of the organizational operations.

Objectives: Establish an element of the organization specifically within the management structure that has as its primary mission the systematic organizing, administering, and tracking of all time-sensitive, score related, submissions and transmittals. This element will also be responsible for performing quality assurance reviews of critical actions performed by all functional areas and reporting results directly to CEO.

To standardize the preparation, periodic review, and required updating of all local procedures and practices to ensure that includes board directed policies and HUD directed guidelines.

Progress: The PHA has, in its organizational structure, designated personnel to administer, track, submit and report all score related items to HUD. Reports (ie: Executive Management Summary, Vacancy Analysis) are generated on a monthly basis and are presented to the CEO and Board in order to keep them up to date on areas of interest.

6. Operations (Category II)

Objectives: Develop innovative partnerships to allow continuation of the Housing Authority's five year physical improvement schedule to support exterior building improvements while maintaining UPCS compliance.

Progress: The PHA is implementing a Preventive Maintenance Program to address the physical needs of the development in order to comply with UPCS and HUD standards.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2012

| Part I: Summary | | | | | |
|---|--|---|----------------------|--|----------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: FL 14S02050109 Date of CFFP: _____ | | Replacement Housing Factor Grant No: _____ | |
| | | | | FFY of Grant: 2009 FFY of Grant Approval: | |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) 1/13/10 <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 1 | Total non-CFP Funds | 0 | 0 | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | 0 | 0 | | |
| 3 | 1408 Management Improvements | \$ 110,982 | \$217,000 | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | \$ 70,000 | \$ 70,000 | \$70,000 | |
| 5 | 1411 Audit | 0 | 0 | | |
| 6 | 1415 Liquidated Damages | 0 | 0 | | |
| 7 | 1430 Fees and Costs | \$ 45,000 | \$ 45,000 | \$45,000 | |
| 8 | 1440 Site Acquisition | 0 | 0 | | |
| 9 | 1450 Site Improvement | 0 | 0 | | |
| 10 | 1460 Dwelling Structures | \$ 1,053,084 | \$883,066 | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 0 | \$64,000 | | |
| 12 | 1470 Non-dwelling Structures | 0 | 0 | | |
| 13 | 1475 Non-dwelling Equipment | 0 | 0 | | |
| 14 | 1485 Demolition | 0 | 0 | | |
| 15 | 1492 Moving to Work Demonstration | 0 | 0 | | |
| 16 | 1495.1 Relocation Costs | 0 | 0 | | |
| 17 | 1499 Development Activities ⁴ | 0 | 0 | | |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | 0 | 0 | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | 0 | 0 | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | 0 | 0 | | |
| 20 | Amount of Annual Grant: (sum of lines 2 – 19) | \$ 1,279,066 | \$ 1,279,066 | \$115,000 | |
| 21 | Amount of line 20 Related to LBP Activities | 0 | 0 | | |
| 22 | Amount of line 20 Related to Section 504 Activities | 0 | 0 | | |
| 23 | Amount of line 20 Related to Security – Soft Costs | 0 | 0 | | |
| 24 | Amount of line 20 Related to Security – Hard Costs | 0 | 0 | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | 0 | 0 | | |

¹ To be completed for the Performance and Evaluation Report.


² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

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U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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 Expires 4/30/2012

| | | | | |
|---|---------------------------------------|--|------------------|--|
| Part I: Summary | | | | |
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: FL 14S02050109 Date of CFFP: _____ | | Replacement Housing Factor Grant No: _____ |
| | | | | FFY of Grant: 2009 FFY of Grant Approval: |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) 1/13/10 <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost |
| | | Original | Revised 2 | Obligated Expended |
| Signature of Executive Director  | | Date 1/15/2010 | | Signature of Public Housing Director Date |

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| Part II: Supporting Pages | | | | | | | | |
|---|---|--|----------|----------------------|----------------------|-----------------------------------|--------------------------------|----------------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: FL 14S02050109 Replacement Housing Factor Grant No: | | CFFP (Yes/No): | | Federal FFY of Grant: 2009 | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| 1. FL02000010 | Citrus Court (20-1) | 1460 | 8 units | | | | | |
| | Electrical panel upgrades | | | \$ 9,600 | \$ 12,000 | | | |
| | Install electric water heaters | | | \$ 3,200 | \$ 3,200 | | | |
| | Replace gas stoves with electric | | | \$ 2,400 | -0- | | | |
| | Install electric furnaces | | | \$ 4,800 | \$ 4,800 | | | |
| | Hook up to County Sewer System | | | \$ 12,000 | -0- | | | |
| | Close down current sanitary drain field— i.e. sewer plant | | | \$ 12,000 | -0- | | | |
| | No-Name (20-7A) | 1460 | 24 units | | | | | |
| | Electrical panel upgrades/Rewiring for electrical appliances | | | \$ 94,818 | \$40,000 | | | |
| | Install electric water heaters | | | \$ 9,600 | \$ 9,600 | | | |
| | Replace gas stoves with electric | | | \$ 7,200 | -0- | | | |
| | Install electric furnaces | | | \$14,400 | \$14,400 | | | |
| | No-Name (20-7B) | 1460 | 56 units | | | | | |
| | Electrical panel upgrades | | | \$ 39,800 | -0- | | | |
| | Replace gas water heaters with electric | | | \$ 22,400 | -0- | | | |
| | Fields Court (20-3) | 1460 | 16 units | | | | | |
| | Electric Panel upgrades | | | \$ 3,200 | -0- | | | |
| | Replace gas water heaters with electric | | | \$ 5,600 | \$ 10,784 | | | |
| | Walton Court (20-4) | 1460 | 10 units | | | | | |
| | Electric Panel upgrades | | | \$ 2,000 | -0- | | | |
| | Replace gas water heaters with electric | | | \$ 4,000 | \$ 6,740 | | | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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| Part II: Supporting Pages | | | | | | | | |
|---|--|--|----------|----------------------|-----------------------------|---|--|----------------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: FL 14S02050109 Replacement Housing Factor Grant No: | | | CFFP (Yes/No): | | Federal FFY of Grant: 2009 | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| 2. FL02000011 | No-Name (20-7D) Electric Panel upgrades Replace gas water heaters with electric | 1460 | 40 units | \$ 8,000 \$16,000 | -0- \$26,960 | | | |
| 3. FL020000011 | Hopkins Place (20-5) Electric Panel upgrades Replace gas water heaters with electric | 1460 | 28 units | \$ 5,600 \$11,200 | 44,160 -0- | | | |
| | No Name (20-7F) Electric Panel upgrades Replace gas water heaters with electric | 1460 | 50 units | \$10,000 \$20,000 | -0- -0- | | | |
| | Tucker Heights (20-6) Electric Panel upgrades Replace gas water heaters with electric | 1460 | 24 units | \$19,200 \$ 9,600 | \$41,280 -0- | | | |
| | No-Name (20-7E) Electric Panel upgrades Replace gas water heaters with electric | 1460 | 30 units | \$16,000 \$ 8,000 | -0- -0- | | | |
| | No-Name (20-7E) Major Mods Plumbing – Sewer laterals, clean outs, fixtures, sinks, tubs. Structural – Block wall repair, framing, shelving, Upgrade Electrical Panels, Replace Gas Hot Heaters with Electric, Replace Stoves, Replace Furnaces, Replace kitchen cabinets, replace floor & wall tile, drywall, and relocate gas piping. Electrical – GFI repair/installation, light switch & outlet installation, HVAC. Relocation of heater switches, installed new heaters, and water heaters. | 1460 | 28 units | \$682,466 | \$669,142 | | | |
| | Sub Total | | | \$ 1,053,084 | 883,066 | | | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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 OMB No. 2577-0226
Expires 4/30/2012

| Part II: Supporting Pages | | | | | | | | |
|---|--|---|----------|----------------------|----------------------|---------------------------------|--------------------------------|----------------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: FL 14S02050109 Replacement Housing Factor Grant No: | | CFFP (Yes/No): | | Federal FFY of Grant: 2009 | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| 4. Management Improvements | a. Staff Training | 1408 | | \$ 66,374 | \$38,000 | | | |
| | b. Software Upgrade | 1408 | | \$ 14,608 | \$149,000 | | | |
| | c. Resident Employment and Capacity Building | 1408 | | \$ 15,000 | \$15,000 | | | |
| | Youth Initiatives ➤ Youth Summit Partnership (w/ Weed & Seed, Leo, Faith & Comm. Groups) ➤ Swimming Passes | | | | | | | |
| | Crime Prev. & DV Training ➤ Crime Prev & DV Training ➤ 2 Mini Conferences (Senior Safety, Domestic Violence Awareness) ➤ Senior Fest | | | | | | | |
| | Outreach Services ➤ Newsletter Production ➤ Calendar of Services ➤ Meeting Signs ➤ Beautification Projects ➤ Homeownership Outreach ➤ Homeownership Month (June) ➤ Key Chains & Home Planning Manuals | | | | | | | |
| | c. Economic Self Sufficiency | 1408 | | \$15,000 | \$15,000 | | | |
| | Public Service Aids (PSA Resident to Resident Services ➤ (2) Stipend to Elderly ➤ (2) Stipend to Families ➤ PSA Training ➤ Direct Services | | | | | | | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2012

| Part II: Supporting Pages | | | | | | | | | |
|---|--|--|----------------------------|----------|----------------------|----------------------------|---------------------------------|--------------------------------|----------------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: FL 14S02050109 Replacement Housing Factor Grant No: _____ | | | | Federal FFY of Grant: 2009 | | | |
| Development Number Name/PHA-Wide Activities | | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| | | SEMINARS | | | | | | | |
| | | <ul style="list-style-type: none"> ➤ Financial Responsibility (MONEY Smart) ➤ Homeownership (Fannie Mae – Open the Door) ➤ Life Skills (House Management) ➤ Indirect Services ➤ Transportation ➤ Incentive Awards ➤ Miscellaneous | | | | | | | |
| | | Program Services <ul style="list-style-type: none"> ➤ “Success Kits” (Paper, folders, notebooks, pens, calculators, organizers) ➤ Resident Training ➤ Training on Employability Skills | | | | | | | |
| | | Sub Total | | | \$110,982 | 217,000 | | | |
| 5. Administration | | Salary and Benefits (COO, Development Admin, Development Cost Accountant) | 1410 | | \$40,000 | \$40,000 | | | |
| | | Pro rate Salary of Contract Compliance Coordinator | 1410 | | \$30,000 | \$30,000 | | | |
| | | Sub Total | | | \$70,000 | \$70,000 | \$70,000 | | |
| 6. Fees & Cost | | Professional Architect Support | 1430 | | \$45,000 | \$45,000 | \$45,000 | | |
| | | Sub Total | | | \$45,000 | \$45,000 | | | |
| 7. Dwelling Equipment | | Dwelling Equipment | 1465.1 | | - | \$64,000 | | | |
| FL20-1, FL20-3, FL20-4 | | (stoves 32, water heater200 and | | | | | | | |
| FL20-5, FL20-6, FL20-7A | | Furnaces 24) | | | | | | | |
| FL20-7D, FL20-7E | | Subtotal | | | - | \$64,000 | | | |
| | | Grand Total | | | \$1,279,066 | \$1,279,066 | \$115,000 | | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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| Part I: Summary | | | | | |
|---|--|---|----------------------|--|----------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: FL 14S02050109 Date of CFFP: _____ | | Replacement Housing Factor Grant No: _____ | |
| | | | | FFY of Grant: 2009 FFY of Grant Approval: | |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:12-31-2009 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 1 | Total non-CFP Funds | 0 | 0 | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | 0 | 0 | | |
| 3 | 1408 Management Improvements | \$ 110,982 | \$217,000 | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | \$ 70,000 | \$ 70,000 | \$70,000 | |
| 5 | 1411 Audit | 0 | 0 | | |
| 6 | 1415 Liquidated Damages | 0 | 0 | | |
| 7 | 1430 Fees and Costs | \$ 45,000 | \$ 45,000 | \$45,000 | |
| 8 | 1440 Site Acquisition | 0 | 0 | | |
| 9 | 1450 Site Improvement | 0 | 0 | | |
| 10 | 1460 Dwelling Structures | \$ 1,053,084 | \$883,066 | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 0 | \$64,000 | | |
| 12 | 1470 Non-dwelling Structures | 0 | 0 | | |
| 13 | 1475 Non-dwelling Equipment | 0 | 0 | | |
| 14 | 1485 Demolition | 0 | 0 | | |
| 15 | 1492 Moving to Work Demonstration | 0 | 0 | | |
| 16 | 1495.1 Relocation Costs | 0 | 0 | | |
| 17 | 1499 Development Activities ⁴ | 0 | 0 | | |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | 0 | 0 | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | 0 | 0 | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | 0 | 0 | | |
| 20 | Amount of Annual Grant: (sum of lines 2 – 19) | \$ 1,279,066 | \$ 1,279,066 | \$115,000 | |
| 21 | Amount of line 20 Related to LBP Activities | 0 | 0 | | |
| 22 | Amount of line 20 Related to Section 504 Activities | 0 | 0 | | |
| 23 | Amount of line 20 Related to Security – Soft Costs | 0 | 0 | | |
| 24 | Amount of line 20 Related to Security – Hard Costs | 0 | 0 | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | 0 | 0 | | |

¹ To be completed for the Performance and Evaluation Report.


² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2012

| | | | | | |
|---|---------------------------------------|--|------------------|--|-----------------|
| Part I: Summary | | | | | |
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: FL 14S02050109 Date of CFFP: _____ | | Replacement Housing Factor Grant No: _____ FFY of Grant: 2009 FFY of Grant Approval: | |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-2009 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost 1 | |
| | | Original | Revised 2 | Obligated | Expended |
| Signature of Executive Director  | | Date 1/15/2010 | | Signature of Public Housing Director | |

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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| Part II: Supporting Pages | | | | | | | | |
|---|---|--|----------|----------------------|----------------------|-----------------------------------|--------------------------------|----------------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: FL 14S02050109 Replacement Housing Factor Grant No: | | CFPP (Yes/No): | | Federal FFY of Grant: 2009 | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| 1. FL02000010 | Citrus Court (20-1) | 1460 | 8 units | | | | | |
| | Electrical panel upgrades | | | \$ 9,600 | \$ 12,000 | | | |
| | Install electric water heaters | | | \$ 3,200 | \$ 3,200 | | | |
| | Replace gas stoves with electric | | | \$ 2,400 | -0- | | | |
| | Install electric furnaces | | | \$ 4,800 | \$ 4,800 | | | |
| | Hook up to County Sewer System | | | \$ 12,000 | -0- | | | |
| | Close down current sanitary drain field— i.e. sewer plant | | | \$ 12,000 | -0- | | | |
| | No-Name (20-7A) | 1460 | 24 units | | | | | |
| | Electrical panel upgrades/Rewiring for electrical appliances | | | \$ 94,818 | \$40,000 | | | |
| | Install electric water heaters | | | \$ 9,600 | \$ 9,600 | | | |
| | Replace gas stoves with electric | | | \$ 7,200 | -0- | | | |
| | Install electric furnaces | | | \$14,400 | \$14,400 | | | |
| | No-Name (20-7B) | 1460 | 56 units | | | | | |
| | Electrical panel upgrades | | | \$ 39,800 | -0- | | | |
| | Replace gas water heaters with electric | | | \$ 22,400 | -0- | | | |
| | Fields Court (20-3) | 1460 | 16 units | | | | | |
| | Electric Panel upgrades | | | \$ 3,200 | -0- | | | |
| | Replace gas water heaters with electric | | | \$ 5,600 | \$ 10,784 | | | |
| | Walton Court (20-4) | 1460 | 10 units | | | | | |
| | Electric Panel upgrades | | | \$ 2,000 | -0- | | | |
| | Replace gas water heaters with electric | | | \$ 4,000 | \$ 6,740 | | | |

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| PHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: FL 14S02050109 Replacement Housing Factor Grant No: | | CFFP (Yes/No): | | Federal FFY of Grant: 2009 | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| 2. FL02000011 | No-Name (20-7D) Electric Panel upgrades Replace gas water heaters with electric | 1460 | 40 units | \$ 8,000 \$16,000 | -0- \$26,960 | | | |
| 3. FL020000011 | Hopkins Place (20-5) Electric Panel upgrades Replace gas water heaters with electric | 1460 | 28 units | \$ 5,600 \$11,200 | 44,160 -0- | | | |
| | No Name (20-7F) Electric Panel upgrades Replace gas water heaters with electric | 1460 | 50 units | \$10,000 \$20,000 | -0- -0- | | | |
| | Tucker Heights (20-6) Electric Panel upgrades Replace gas water heaters with electric | 1460 | 24 units | \$19,200 \$ 9,600 | \$41,280 -0- | | | |
| | No-Name (20-7E) Electric Panel upgrades Replace gas water heaters with electric | 1460 | 30 units | \$16,000 \$ 8,000 | -0- -0- | | | |
| | No-Name (20-7E) Major Mods Plumbing – Sewer laterals, clean outs, fixtures, sinks, tubs. Structural – Block wall repair, framing, shelving, Upgrade Electrical Panels, Replace Gas Hot Heaters with Electric, Replace Stoves, Replace Furnaces, Replace kitchen cabinets, replace floor & wall tile, drywall, and relocate gas piping. Electrical – GFI repair/installation, light switch & outlet installation, HVAC. Relocation of heater switches, installed new heaters, and water heaters. | 1460 | 28 units | \$682,466 | \$669,142 | | | |
| Sub Total | | | | \$ 1,053,084 | 883,066 | | | |

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|---|--|---|----------|----------------------|----------------------|---------------------------------|--------------------------------|----------------|
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| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| 4. Management Improvements | a. Staff Training | 1408 | | \$ 66,374 | \$38,000 | | | |
| | b. Software Upgrade | 1408 | | \$ 14,608 | \$149,000 | | | |
| | c. Resident Employment and Capacity Building | 1408 | | \$ 15,000 | \$15,000 | | | |
| | Youth Initiatives ➤ Youth Summit Partnership (w/ Weed & Seed, Leo, Faith & Comm. Groups) ➤ Swimming Passes | | | | | | | |
| | Crime Prev. & DV Training ➤ Crime Prev & DV Training ➤ 2 Mini Conferences (Senior Safety, Domestic Violence Awareness) ➤ Senior Fest | | | | | | | |
| | Outreach Services ➤ Newsletter Production ➤ Calendar of Services ➤ Meeting Signs ➤ Beautification Projects ➤ Homeownership Outreach ➤ Homeownership Month (June) ➤ Key Chains & Home Planning Manuals | | | | | | | |
| | c. Economic Self Sufficiency | 1408 | | \$15,000 | \$15,000 | | | |
| | Public Service Aids (PSA Resident to Resident Services ➤ (2) Stipend to Elderly ➤ (2) Stipend to Families ➤ PSA Training ➤ Direct Services | | | | | | | |

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| PHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: FL 14S02050109 Replacement Housing Factor Grant No: CFFP (Yes/No): | | | | Federal FFY of Grant: 2009 | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| | SEMINARS | | | | | | | |
| | <ul style="list-style-type: none"> ➤ Financial Responsibility (MONEY Smart) ➤ Homeownership (Fannie Mae – Open the Door) ➤ Life Skills (House Management) ➤ Indirect Services ➤ Transportation ➤ Incentive Awards ➤ Miscellaneous | | | | | | | |
| | Program Services <ul style="list-style-type: none"> ➤ “Success Kits” (Paper, folders, notebooks, pens, calculators, organizers) ➤ Resident Training ➤ Training on Employability Skills | | | | | | | |
| | Sub Total | | | \$110,982 | 217,000 | | | |
| 5. Administration | Salary and Benefits (COO, Development Admin, Development Cost Accountant) | 1410 | | \$40,000 | \$40,000 | | | |
| | Pro rate Salary of Contract Compliance Coordinator | 1410 | | \$30,000 | \$30,000 | | | |
| | Sub Total | | | \$70,000 | \$70,000 | \$70,000 | | |
| 6. Fees & Cost | Professional Architect Support | 1430 | | \$45,000 | \$45,000 | \$45,000 | | |
| 7. Dwelling Equipment FL20-1, FL20-3, FL20-4 FL20-5, FL20-6, FL20-7A FL20-7D, FL20-7E | Sub Total Dwelling Equipment (stoves 32, water heater200 and Furnaces 24) Subtotal | 1465.1 | | \$45,000 -0- -0- | \$45,000 \$64,000 \$64,000 | | | Moved funds from 1460 to 1465.1 for stoves, water heaters and furnaces |
| | Grand Total | | | \$1,279,066 | \$1,279,066 | \$115,000 | | |

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PHA BOARD RESOLUTION STATEMENT

The Housing Authority of Brevard County's (HABC) Board of Commissioners disbanded during the summer of 2009 and did not meet for several months immediately after the revised budget for FY2009 was presented. The HABC has six new commissioners to include a new chairman, therefore the PHA Board Resolution form HUD-52574 for FY2009 is unable to be signed by the former chairman.

| | | | |
|--|---------------------|---------------------|---|
| HOUSING AUTHORITY OF BREVARD COUNTY | | | |
| LOW INCOME PUBLIC HOUSING | | FL0200000010 | |
| FUND 422 AMP FL20-10 | | | |
| FY09-10 BUDGET | | | |
| Account Title | FY09-10 BUDGET | HUD Modifications | Comments |
| CONT EARNED OPERATING SUBSIDY | \$ 785,328 | \$ 833,715 | Funding at 85% |
| DWELLING RENTAL INCOME | \$ 436,621 | \$ 436,621 | |
| NEGATIVE RENT | \$ (24,100) | \$ - | Negative rent is calculated in the operating Subsidy income formula |
| EXCESS UTILITIES OWED BY TENANTS | \$ 1,200 | \$ 1,200 | |
| OTHER INCOME | \$ 40,548 | \$ 40,548 | |
| CFP FUNDS-General operations | \$ 36,787 | \$ 109,461 | PHA allows to use 20% of CFP for operation which HUD approved (CFP 189,649/total units 536)= 319.20 (per unit 319.20* AMP unit 344)=109,461. This amount can be changed based on the AMP needs. |
| CFP FUNDS-Manpower- Technical Services | \$ 19,117 | \$ - | |
| | | | |
| TOTAL INCOME | \$ 1,295,499 | \$ 1,421,545 | |
| | | | |
| EXPENSES | | | |
| ADMINISTRATIVE EXPENSE | | | |
| ADMINISTRATIVE SALARIES | \$ 81,619 | \$ 81,619 | |
| ADMINISTRATIVE SALARIES OVERTIME | \$ 2,470 | \$ 2,470 | |
| EMPLOYEE BENEFIT CONTRIBUTIONS | \$ 22,704 | \$ 22,704 | |
| EMPLOYEE BENEFITS RETIREMENT | \$ 4,204 | \$ 4,204 | |
| EMPLOYEE HEALTH INSURANCE DEBIT CARDS | \$ 5,393 | \$ 5,393 | |
| EMP. HEALTH DEBIT CARD ADMINISTRATION FEE | \$ 276 | \$ 276 | |
| UNEMPLOYMENT COMPENSATION EXPENSE | \$ 8,178 | \$ 8,178 | |
| LEGAL EXPENSE | \$ 3,249 | \$ 3,249 | |
| PROFESSIONAL DEVELOPMENT/STAFF TRAINING/TRAVEL | \$ 3,728 | \$ 3,728 | |
| AUDIT FEES | \$ 14,800 | \$ 14,800 | |
| PROPERTY INSURANCE | \$ 109,215 | \$ 109,215 | |
| LIABILITY INSURANCE | \$ 15,202 | \$ 15,202 | |
| WORKER'S COMP INSURANCE | \$ 8,244 | \$ 8,244 | |
| AUTO INSURANCE | \$ 4,600 | \$ 4,600 | |
| ALL OTHER INSURANCE | \$ 124 | \$ 124 | |
| CONTENTS INSURANCE | \$ 400 | \$ 400 | |
| VACANCY TURNAROUND AUTO INSURANCE | \$ 1,486 | \$ 1,486 | |
| PILOT | \$ 24,569 | \$ 24,569 | |
| TOTAL ADMINISTRATIVE EXPENSE | \$ 310,262 | \$ 310,262 | |
| | | | |
| AMP FEE EXPENSE | | | |
| PROPERTY MANAGEMENT FEE EXPENSE | \$ 200,167 | \$ 179,154 | 2009 property management fee 54-62 * Per unit month(PUM) 3260 = 178,154 |
| BOOKKEEPING FEE EXPENSE | \$ 30,960 | \$ 24,600 | Bookkeeping fee 7.50 * PUM 3260 = 24,600 |
| ASSET MANAGEMENT FEE EXPENSE | \$ 41,280 | \$ 41,280 | |
| | | | |
| INTERNET TECHNICIAN FEE EXPENSE | \$ 10,111 | \$ 8,256 | Fee was provided in the operating subsidy \$2 * ACC unit month 4126 =8,256 |
| TOTAL AMP FEE EXPENSE | \$ 282,518 | \$ 253,290 | |
| | | | |
| GENERAL OPERATING EXPENSE | | | |
| OFFICE SUPPLIES | \$ 11,746 | \$ 11,746 | |
| TELEPHONE | \$ 5,147 | \$ 5,147 | |
| MEMBERSHIPS DUES ETC. | \$ 2,283 | \$ 2,283 | |
| POSTAGE | \$ 9,247 | \$ 9,247 | |
| ADVERTISING & MARKETING | \$ 298 | \$ 298 | |
| GENERAL ADMIN EXPENSES | \$ 956 | \$ 956 | |
| TOTAL GENERAL OPERATING EXPENSE | \$ 29,658 | \$ 29,658 | |
| | | | |
| TENANT RELATED EXPENSES | | | |
| LEGAL FEES TENANTS | \$ 2,417 | \$ 2,417 | |
| TENANT SERVICES - CONTRACTS | \$ 481 | \$ 481 | |
| TENANT SERVICES - RELOCATION | \$ 551 | \$ 551 | |
| TENANT SERVICES-OTHER | \$ 2,328 | \$ 2,328 | |
| TOTAL TENANT RELATED EXPENSES | \$ 5,776 | \$ 5,776 | |
| | | | |
| UTILITIES | | | |
| WATER | \$ 21,354 | \$ 21,354 | |
| ELECTRICITY | \$ 33,335 | \$ 33,335 | |
| GAS | \$ 1,298 | \$ 1,298 | |
| SEWER | \$ 54,821 | \$ 54,821 | |
| GARBAGE & TRASH REMOVAL | \$ 54,044 | \$ 54,044 | |
| TOTAL UTILITIES | \$ 164,852 | \$ 164,852 | |
| | | | |
| MAINTENANCE AND TURNAROUND COSTS | | | |
| MAINTENANCE WAGES | \$ 150,689 | \$ 150,689 | |
| MAINTENANCE WAGES OVERTIME | \$ 6,472 | \$ 6,472 | |
| MAINTENANCE EMPLOYEE BENEFITS | \$ 42,433 | \$ 42,433 | |
| MAINTENANCE EMPLOYEE BENEFITS - RETIREMENT | \$ 7,858 | \$ 7,858 | |
| MAINTENANCE WAGES-TURNAROUND | \$ 15,530 | \$ 15,530 | |
| MAINTENANCE EMPLOYEE BENEFITS-TURNAROUND | \$ 4,193 | \$ 4,193 | |
| MAINT. EMP. BENEFITS - RETIREMENT- TURNAROUND | \$ 777 | \$ 777 | |
| MATERIALS | \$ 60,544 | \$ 60,544 | |
| MATERIALS-TURNAROUND | \$ 9,650 | \$ 9,650 | |
| MAINTENANCE CONTRACTS - ELEVATOR | \$ 12,500 | \$ 12,500 | |
| MAINTENANCE CONTRACTS - BACK UP GENERATORS (EL | \$ 2,500 | \$ 2,500 | |
| MAINTENANCE CONTRACTS-LANDSCAPING | \$ 53,250 | \$ 53,250 | |
| MAINTENANCE CONTRACTS-TURNAROUND | \$ 22,110 | \$ 22,110 | |
| MAINTENANCE CONTRACTS - ELECTRICAL | \$ 5,101 | \$ 5,101 | |
| MAINTENANCE CONTRACTS - PLUMBING | \$ 412 | \$ 412 | |
| MAINTENANCE CONTRACTS - EXTERMINATION | \$ 10,800 | \$ 10,800 | |
| CONTRACTS AGREEMENTS - PROPANE | \$ 31,443 | \$ 31,443 | |
| CONTRACTS AGREEMENTS - GAS CARD | \$ 12,378 | \$ 12,378 | |
| CONTRACTS AGREEMENTS - AUTO MAINTENANCE | \$ 7,347 | \$ 7,347 | |
| CONTRACTS AGREEMENTS - INTERNET | \$ 1,170 | \$ 1,170 | |
| CONTRACTS AGREEMENTS - EQUIPMENT | \$ 2,892 | \$ 2,892 | |
| CONTRACTS AGREEMENTS - UNIFORM | \$ 830 | \$ 830 | |
| CONTRACTS AGREEMENTS - ADMIN | \$ 1,141 | \$ 1,141 | |
| CONTRACTS AGREEMENTS - COMPUTER | \$ 3,148 | \$ 3,148 | |
| CONTRACTS AGREEMENTS - ALARM SERVICE | \$ 467 | \$ 467 | |
| CONTRACTS AGREEMENTS - TENANT SERVICES | \$ 77 | \$ 77 | |
| CONTRACTS AGREEMENTS - TEMP LABOR | \$ 1,000 | \$ 1,000 | |
| CONTRACTS AGREEMENTS - INSPECTIONS | \$ 1,698 | \$ 1,698 | |
| TOTAL MAINTENANCE AND TURNAROUND COSTS | \$ 468,410 | \$ 468,410 | |
| | | | |
| TOTAL EXPENSE | \$ 1,261,477 | \$ 1,232,249 | |
| | | | |
| NET INCOME (LOSS) | \$ 34,021 | \$ 189,296 | |
| PHA / HOA Approval Name: _____ | | | |
| Title: <u>CEO</u> | | | |
| Signature: <u>[Signature]</u> | | | |
| Date: <u>11/5/2010</u> | | | |
| Field Office Approval Name: _____ | | | |
| Title: _____ | | | |
| Signature: _____ | | | |
| Date: _____ | | | |

| | | | |
|---|--|--------------|-------------------|
| HOUSING AUTHORITY OF BREVARD COUNTY | | | |
| PUBLIC HOUSING | | | FL0206090011 |
| FL 20-11 (combined FL 20-08 and FL 20-11) | | | |
| Units (74+178) 262 | | | |
| Account Title | | 09-10 Budget | HUD Modifications |
| COMT EARNED OPER SUBSIDY | | \$ 761,667 | \$ 862,494 |
| DWELLING RENTAL INCOME | | \$ 467,081 | \$ 467,081 |
| NEGATIVE RENT | | \$ (24,672) | \$ - |
| EXCESS UTILITIES OWED BY TENANTS | | \$ 16,008 | \$ 16,008 |
| CFP FUNDS-Manpower- Technical Services | | \$ 17,646 | \$ 80,186 |
| TOTAL INCOME | | \$ 1,237,751 | \$ 1,425,759 |
| EXPENSES | | | |
| ADMINISTRATIVE EXPENSE | | | |
| ADMINISTRATIVE SALARIES | | \$ 87,430 | \$ 87,430 |
| ADMINISTRATIVE SALARIES OVERTIME | | \$ 1,423 | \$ 1,423 |
| EMPLOYEE BENEFIT CONTRIBUTIONS | | \$ 23,990 | \$ 23,990 |
| EMPLOYEE BENEFITS RETIREMENT | | \$ 4,443 | \$ 4,443 |
| EMPLOYEE HEALTH INSURANCE DEBIT CARDS | | \$ 4,692 | \$ 4,692 |
| EMP. HEALTH DEBIT CARD ADMINISTRATION FEE | | \$ 492 | \$ 492 |
| UNEMPLOYMENT COMPENSATIONS EXPENSE | | \$ 15,402 | \$ 15,402 |
| LEGAL EXPENSE | | \$ 2,355 | \$ 2,355 |
| PROFESSIONAL DEVELOPMENT/STAFF TRAINING/TRAVEL | | \$ 3,620 | \$ 3,620 |
| AUDIT FEES | | \$ 10,726 | \$ 10,726 |
| PROPERTY INSURANCE | | \$ 80,595 | \$ 80,595 |
| LIABILITY INSURANCE | | \$ 10,818 | \$ 10,818 |
| WORKER'S COMP INSURANCE | | \$ 4,559 | \$ 4,559 |
| AUTO INSURANCE | | \$ 4,000 | \$ 4,000 |
| CONTENTS INSURANCE | | \$ 293 | \$ 293 |
| VAC TURNAROUND AUTO INS | | \$ 4,605 | \$ 4,605 |
| PILOT | | \$ 8,891 | \$ 8,891 |
| TOTAL ADMINISTRATIVE EXPENSE | | \$ 268,333 | \$ 268,333 |
| AMP FEE EXPENSES | | | |
| PROPERTY MANAGEMENT FEE EXPENSE | | \$ 146,634 | \$ 163,860 |
| BOOKKEEPING FEE EXPENSE | | \$ 22,680 | \$ 22,500 |
| ASSET MGMT FEE EXPENSE | | \$ 30,240 | \$ 30,240 |
| INTERNET TECHNICIAN FEE EXPENSE | | \$ 3,417 | \$ 6,048 |
| TOTAL AMP FEE EXPENSE | | \$ 202,970 | \$ 222,648 |
| GENERAL OPERATING EXPENSE | | | |
| OFFICE SUPPLIES | | \$ 5,748 | \$ 5,748 |
| TELEPHONE | | \$ 5,964 | \$ 5,964 |
| MEMBERSHIPS DUES ETC. | | \$ 1,557 | \$ 1,557 |
| POSTAGE | | \$ 4,921 | \$ 4,921 |
| ADVERTISING & MARKETING | | \$ 218 | \$ 218 |
| OTHER OPERATING -ADMINISTRATION | | \$ 700 | \$ 700 |
| TOTAL GENERAL OPERATING EXPENSE | | \$ 19,110 | \$ 19,110 |
| TENANT RELATED EXPENSES | | | |
| LEGAL FEES TENANTS | | \$ 7,974 | \$ 7,974 |
| TENANT SERVICE - RELOCATION | | \$ 900 | \$ 900 |
| TENANT SERVICES-OTHER | | \$ 1,978 | \$ 1,978 |
| TOTAL TENANT RELATED EXPENSES | | \$ 10,852 | \$ 10,852 |
| UTILITIES | | | |
| WATER | | \$ 41,616 | \$ 41,616 |
| ELECTRICITY | | \$ 35,247 | \$ 35,247 |
| GAS | | \$ 490 | \$ 490 |
| SEWER | | \$ 74,901 | \$ 74,901 |
| GARBAGE & TRASH REMOVAL | | \$ 27,897 | \$ 27,897 |
| TOTAL UTILITIES | | \$ 180,151 | \$ 180,151 |
| MAINTENANCE AND TURNAROUND COSTS | | | |
| MAINTENANCE & OPERATION | | | |
| MAINTENANCE WAGES | | \$ 136,940 | \$ 136,940 |
| MAINTENANCE WAGES OVERTIME | | \$ 2,825 | \$ 2,825 |
| MAINTENANCE EMPLOYEE BENEFITS | | \$ 37,736 | \$ 37,736 |
| MAINTENANCE EMPLOYEE BENEFITS - RETIREMENT | | \$ 6,988 | \$ 6,988 |
| MAINTENANCE WAGES - TURNAROUND CREW | | \$ 11,364 | \$ 11,364 |
| MAINTENANCE EMPLOYEE BENEFITS-TURNAROUND CREW | | \$ 3,068 | \$ 3,068 |
| MAINTENANCE EMPLOYEE BENEFITS - RETIREMENT-TURNAROUND | | \$ 568 | \$ 568 |
| MATERIALS-WORK ORDERS | | \$ 44,352 | \$ 44,352 |
| MATERIALS-TURNAROUND | | \$ 6,500 | \$ 6,500 |
| MAINTENANCE CONTRACTS - LANDSCAPING | | \$ 51,000 | \$ 51,000 |
| MAINTENANCE CONTRACTS - TURNAROUND | | \$ 14,850 | \$ 14,850 |
| MAINTENANCE CONTRACTS - ELECTRICAL | | \$ 3,614 | \$ 3,614 |
| MAINTENANCE CONTRACTS - EXTERMINATION | | \$ 9,072 | \$ 9,072 |
| CONTRACTS AGREEMENTS - SLUDGE | | \$ 448 | \$ 448 |
| CONTRACTS AGREEMENTS - GAS CARD | | \$ 10,610 | \$ 10,610 |
| CONTRACTS AGREEMENTS - AUTO MAINTENANCE | | \$ 6,297 | \$ 6,297 |
| CONTRACTS AGREEMENTS - INTERNET | | \$ 1,339 | \$ 1,339 |
| CONTRACTS AGREEMENTS - EQUIPMENT | | \$ 3,717 | \$ 3,717 |
| CONTRACTS AGREEMENTS - UNIFORM | | \$ 830 | \$ 830 |
| CONTRACTS AGREEMENTS - ADMIN | | \$ 836 | \$ 836 |
| CONTRACTS AGREEMENTS - COMPUTER | | \$ 1,801 | \$ 1,801 |
| CONTRACTS AGREEMENTS - ALARM SERVICE | | \$ 344 | \$ 344 |
| CONTRACTS AGREEMENTS - TENNIANT SERVICES | | \$ 492 | \$ 492 |
| CONTRACTS AGREEMENTS - TEMPORARY LABOR | | \$ 415 | \$ 415 |
| CONTRACTS AGREEMENTS - INSPECTIONS | | \$ 4,190 | \$ 4,190 |
| TOTAL MAINTENANCE & TURNAROUND COSTS | | \$ 360,196 | \$ 360,196 |
| TOTAL EXPENSE | | \$ 1,041,612 | \$ 1,061,288 |
| NET INCOME (LOSS) | | \$ 196,139 | \$ 364,470 |
| PHA / BHA Approval Name: | | | |
| Title: | | | |
| Signature: | | | 11/15/2010 |
| Date: | | | |
| PHAD Office Approval Name: | | | |
| Title: | | | |
| Signature: | | | |
| Date: | | | |

| | | | |
|---|---------------------|--------------------------|----------------------------------|
| HOUSING AUTHORITY OF BREVARD COUNTY | | | |
| COCC | | | |
| FUND 520 | | | |
| Budget for FY 2009 -2010 | | | |
| | | | |
| AMP FEE INCOME | 09-10 Budget | HUD Modifications | Comments |
| REVENUES-HUD CFP GRANTS | \$ 94,828 | \$ 94,828 | |
| PROPERTY MANAGEMENT FEE | \$ 346,800 | \$ 343,014 | Based on AMP 10 &11 calculations |
| BOOKKEEPING FEE | \$ 53,640 | \$ 47,100 | Based on AMP 10 &11 calculations |
| ASSET MANAGEMENT FEE | \$ 71,520 | \$ 71,520 | |
| OTHER FEES-INTERNET TECHNICIAN FEES | \$ 19,982 | \$ 14,304 | Based on AMP 10 &11 calculations |
| OTHER INCOME | \$ 10,340 | \$ 10,340 | |
| TOTAL AMP FEE INCOME | \$ 597,110 | \$ 581,106 | |
| EXPENSES | | | |
| ADMINISTRATIVE EXPENSE | | | |
| ADMINISTRATIVE SALARIES | \$ 324,654 | \$ 324,654 | |
| ADMINISTRATIVE SALARIES - OVERTIME | \$ 830 | \$ 830 | |
| EMPLOYEE BENEFIT CONTRIBUTIONS | \$ 87,657 | \$ 87,657 | |
| EMPLOYEE BENEFITS - RETIREMENT | \$ 16,233 | \$ 16,233 | |
| EMPLOYEE HEALTH INSURANCE DEBIT CARDS | \$ 5,753 | \$ 5,753 | |
| EMP. HEALTH DEBIT CARDS ADMINISTRATION FEE | \$ 588 | \$ 588 | |
| LEGAL EXPENSE | \$ 10,000 | \$ 10,000 | |
| UNEMPLOYMENT COMPENSATION EXPENSE | \$ 20,000 | \$ 20,000 | |
| PROFESSIONAL DEVELOPMENT/STAFF TRAINING/TRAVEL | \$ 2,000 | \$ 2,000 | |
| AUDIT FEES | \$ 6,975 | \$ 6,975 | |
| PROPERTY INSURANCE | \$ 1,285 | \$ 1,285 | |
| LIABILITY INSURANCE | \$ 23 | \$ 23 | |
| WORKER'S COMP INSURANCE | \$ 1,489 | \$ 1,489 | |
| ALL OTHER INSURANCE | \$ 215 | \$ 215 | |
| AUTO INSURANCE | \$ 1,620 | \$ 1,620 | |
| OFFICER & DIRECTORS INSURANCE | \$ 4,016 | \$ 4,016 | |
| TOTAL ADMINISTRATIVE EXPENSE | \$ 483,338 | \$ 483,338 | |
| GENERAL OPERATING EXPENSE | | | |
| OFFICE SUPPLIES | \$ 9,699 | \$ 9,699 | |
| TELEPHONE | \$ 11,805 | \$ 11,805 | |
| MEMBERSHIPS DUES ETC | \$ 8,680 | \$ 8,680 | |
| POSTAGE | \$ 8,037 | \$ 8,037 | |
| ADVERTISING & MARKETING | \$ 772 | \$ 772 | |
| TOTAL GENERAL OPERATING EXPENSE | \$ 38,993 | \$ 38,993 | |
| UTILITIES | | | |
| WATER | \$ 1,264 | \$ 1,264 | |
| ELECTRICITY | \$ 14,111 | \$ 14,111 | |
| SEWER | \$ 277 | \$ 277 | |
| GARBAGE & TRASH REMOVAL | \$ 2,791 | \$ 2,791 | |
| TOTAL UTILITIES | \$ 18,443 | \$ 18,443 | |
| MAINTENANCE AND TURNAROUND COSTS | | | |
| CONTRACTS AGREEMENTS - GAS CARD | \$ 4,774 | \$ 4,774 | |
| CONTRACTS AGREEMENTS - AUTO MAINTENANCE | \$ 2,834 | \$ 2,834 | |
| CONTRACTS AGREEMENTS - INTERNET | \$ 2,138 | \$ 2,138 | |
| CONTRACTS AGREEMENTS - EQUIPMENT | \$ 4,782 | \$ 4,782 | |
| CONTRACTS AGREEMENTS - COMPUTER | \$ 14,132 | \$ 14,132 | |
| CONTRACTS AGREEMENTS - ALARM SERVICE | \$ 810 | \$ 810 | |
| TOTAL MAINTENANCE & TURNAROUND COSTS | \$ 29,470 | \$ 29,470 | |
| Interest payments- development | \$ 17,729 | \$ 17,729 | |
| TOTAL EXPENSE | \$ 587,972 | \$ 587,972 | |
| NET INCOME (LOSS) | \$ 9,138 | \$ (6,866) | |

PHA / IHA Approval Name: _____

Title: CEO

Signature: [Signature]

Date: 1/15/2010

Field Office Approval Name: _____

Title: _____

Signature: _____

Date: _____

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

| Part I: Summary | | | | | |
|---|--|---|----------------------|--|----------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: FL 14P02050109 Date of CFFP: _____ | | Replacement Housing Factor Grant No: _____ | |
| | | | | FFY of Grant: 2009 FFY of Grant Approval: | |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-09 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 1 | Total non-CFP Funds | 0 | 0 | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | 132,039.00 | 132,039.00 | | |
| 3 | 1408 Management Improvements | 121,500.00 | 121,500.00 | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 30,828.00 | 30,828.00 | | |
| 5 | 1411 Audit | 27,126.00 | 27,126.00 | | |
| 6 | 1415 Liquidated Damages | 0 | 0 | | |
| 7 | 1430 Fees and Costs | 28,500.00 | 28,500.00 | | |
| 8 | 1440 Site Acquisition | 0 | 0 | | |
| 9 | 1450 Site Improvement | 50,000.00 | 50,000.00 | | |
| 10 | 1460 Dwelling Structures | 157,146.00 | 157,146.00 | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 11,324.00 | 11,324.00 | | |
| 12 | 1470 Non-dwelling Structures | 0 | 0 | | |
| 13 | 1475 Non-dwelling Equipment | 16,000.00 | 16,000.00 | | |
| 14 | 1485 Demolition | 246,312.00 | 246,312.00 | | |
| 15 | 1492 Moving to Work Demonstration | 0 | 0 | | |
| 16 | 1495.1 Relocation Costs | 3,672.00 | 3,672.00 | | |
| 17 | 1499 Development Activities ⁴ | 0 | 0 | | |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | 0 | 0 | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | 0 | 0 | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | 0 | 0 | | |
| 20 | Amount of Annual Grant: (sum of lines 2 – 19) | 824,447.00 | 824,447.00 | | |
| 21 | Amount of line 20 Related to LBP Activities | 0 | 0 | | |
| 22 | Amount of line 20 Related to Section 504 Activities | 0 | 0 | | |
| 23 | Amount of line 20 Related to Security – Soft Costs | 10,000.00 | 10,000.00 | | |
| 24 | Amount of line 20 Related to Security – Hard Costs | 0 | 0 | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | 10,000.00 | 10,000.00 | | |

¹ To be completed for the Performance and Evaluation Report.


² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

| | | | | | |
|--|---------------------------------------|--|------------------|--|-----------------|
| Part I: Summary | | | | | |
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: FL 14P02050109 Date of CFFP: _____ | | Replacement Housing Factor Grant No: _____ FFY of Grant: 2009 FFY of Grant Approval: | |
| Type of Grant <input type="checkbox"/> Original Annual Statement 11.4.2009 <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-09 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised : | Obligated | Expended |
| Signature of Executive Director  | | Date 1/15/2010 | | Signature of Public Housing Director | |

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

| Part II: Supporting Pages | | | | | | | | |
|---|---|--|----------|----------------------|----------------------|-----------------------------------|--------------------------------|----------------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: FL 14P02050109 Replacement Housing Factor Grant No: | | CFPP (Yes/No): | | Federal FFY of Grant: 2009 | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| 1. Dwelling Structure | Complete Modernization | 1460 | 6 | 157,146.00 | 157,146.00 | | | |
| FL02000011 | <u>Tucker Heights</u> Plumbing - Sewer laterals, clean outs, fixtures, sinks, tubs. Structural - Block wall repair, framing, shelving, Upgrade Electrical Panels, Replace Gas Hot Heaters with Electric, Replace Stoves, Replace Furnaces, Replace kitchen cabinets, replace floor & wall tile, drywall, and relocate gas piping Electrical - GFI repair /installation, light switch & outlet installation. HVAC- Relocation of heater switches, installed new heaters, and water heaters. | | | | | | | |
| | Sub Total | | | \$157,146.00 | \$157,146.00 | | | |
| 3. Site Improvements FL02000011 | Replace Playground Equipment | 1450 | | \$50,000.00 | \$50,000.00 | | | |
| | Sub Total | | | \$50,000.00 | \$50,000.00 | | | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

| Part II: Supporting Pages | | | | | | | | |
|---|---|--|--------------------------------|--|--|-----------------------------------|--------------------------------|----------------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: FL 14P02050109 Replacement Housing Factor Grant No: CFFP (Yes/No): | | | | Federal FFY of Grant: 2009 | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| 4. Dwelling Equip- Nonexpendable FL02000010 FL02000010 FL02000010 FL02000011 FL02000011 FL02000010 FL02000011 | FL20-1 Citrus Court FL20-3 Fields Court FL20-4 Walton Court FL20-5 Hopkins Place FL20-6 Tucker Heights FL20-7 No Name Dwelling Equipment (refrigerator, stove and hot water heater replacement) | 1465.1 1465.1 1465.1 1465.1 1465.1 1465.1 | 2 2 2 2 2 7 | \$730.00 \$730.00 \$730.00 \$1,825.00 \$1,825.00 \$5,484.00 | \$730.00 \$730.00 \$730.00 \$1,825.00 \$1,825.00 \$5,484.00 | | | |
| | Sub Total | | | \$11,324.00 | \$11,324.00 | | | |
| 5. Management Improvements | a. Staff Training To Obtain Efficient PHAS Scores, Maintain Maintenance Technology (Maintenance Training --Gas School, UPCS training, HVAC training) | 1408 | | \$3,000.00 | \$3,000.00 | | | |
| | b. Resident Employment and Capacity Building | 1408 | | \$18,759.00 | \$18,759.00 | | | |
| | <u>Resident Training & Init.</u> ➤ Resident Training & Init. - Resident Awareness and Responsibilities Training ➤ Fire Safety Watch ➤ Florida Neighborhood Conference | | | | | | | |
| | <u>Youth Initiatives</u> ➤ Youth Summit Partnership (with Weed & Seed, LEO, Faith & Comm. Groups) ➤ Swimming Passes | | | | | | | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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Expires 4/30/2011

| Part II: Supporting Pages | | | | | | | | | |
|---|---|---|----------------------------|----------|----------------------|----------------------------|---------------------------------|--------------------------------|----------------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: FL 14P02050109 Replacement Housing Factor Grant No: | | | | Federal FFY of Grant: 2009 | | | |
| Development Number Name/PHA-Wide Activities | | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| | <u>Crime Prev. & DV Training</u> | | | | | | | | |
| | <ul style="list-style-type: none"> ➤ Crime Prev. & DV Training ➤ 2 Mini Conferences (Senior Safety, Domestic Violence Awareness) ➤ Senior Fest | | | | | | | | |
| | <u>Outreach Services</u> | | | | | | | | |
| | <ul style="list-style-type: none"> ➤ Newsletter Production ➤ Calendar of Services ➤ Meeting Signs Beautification Projects | | | | | | | | |
| | <ul style="list-style-type: none"> ➤ Homeownership Outreach ➤ Homeownership Month (June) ➤ Key Chains and Home Planning Manuals Booklets ➤ Manuals & Prizes | | | | | | | | |
| | c. Economic Self Sufficiency | 1408 | | | \$18,759.00 | \$18,759.00 | | | |
| | <u>Public Service Aids (PSA)</u> | | | | | | | | |
| | <ul style="list-style-type: none"> ➤ (3) Stipend to Elderly ➤ (5) Stipend to Families | | | | | | | | |
| | ➤ PSA Training | | | | | | | | |
| | ➤ Direct Services | | | | | | | | |
| | <u>SEMINARS</u> | | | | | | | | |
| | <ul style="list-style-type: none"> ➤ Financial Responsibility (MONEY Smart) ➤ Home Ownership (Fannie Mae – Opening the Door) ➤ Life Skills (House Management) | | | | | | | | |
| | <ul style="list-style-type: none"> ➤ Resident Training ➤ Training on Employability Skills | | | | | | | | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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| Part II: Supporting Pages | | | | | | | | |
|---|--|--|----------|----------------------|----------------------|-----------------------------------|--------------------------------|----------------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: FL 14P02050109 Replacement Housing Factor Grant No: | | | | CFFP (Yes/No): | | |
| | | | | | | Federal FFY of Grant: 2009 | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| | d. Computer Software Training | 1408 | | \$66,374.00 | \$66,374.00 | | | |
| | e. Software Upgrade | 1408 | | \$14,608.00 | \$14,608.00 | | | |
| | Sub Total | | | \$121,500.00 | \$121,500.00 | | | |
| 6. Non-Dwelling Equipment | Non-Dwelling Equipment (Computer Software). | 1475 | | \$16,000.00 | \$16,000.00 | | | |
| | Sub Total | | | \$16,000.00 | \$16,000.00 | | | |
| 7. Administration | Pro-Rate Salary of Technical Services Coordinator w/Benefits | 1410 | | \$30,828.00 | \$30,828.00 | | | |
| | Sub Total | | | \$30,828.00 | \$30,828.00 | | | |
| 8. Fee & Cost | Advertising, Painting, Testing & Other Cost Related Contracts | 1430 | | \$1,500.00 | \$1,500.00 | | | |
| FL02000011 | A&E Services (Tucker Heights) | 1430 | | \$27,000.00 | \$27,000.00 | | | |
| | Sub Total | | | \$28,500.00 | \$28,500.00 | | | |
| 9. Relocation Cost | Anticipated Relocation Cost | 1495.1 | | \$3,672.00 | \$3,672.00 | | | |
| FL02000011 | (Tucker Heights) | | | | | | | |
| | Sub Total | | | \$3,672.00 | \$3,672.00 | | | |
| 10. Operations | Operations | 1406 | | \$132,039.00 | \$132,039.00 | | | |
| | Sub Total | | | \$132,039.00 | \$132,039.00 | | | |
| 11. Audit | Audit Fees | 1411 | | \$27,126.00 | \$27,126.00 | | | |
| | Sub Total | | | \$27,126.00 | \$27,126.00 | | | |
| 12. Demolition | Demolition Baxley Manor Interior | 1485 | | \$246,312.00 | \$246,312.00 | | | |
| | Sub Total | | | \$246,312.00 | \$246,312.00 | | | |
| | GRAND TOTAL | | | \$824,447.00 | \$824,447.00 | | | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

| Part I: Summary | | | | | |
|---|--|---|-----------|--|----------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: _____ Date of CFFP: _____ | | Replacement Housing Factor Grant No: FL14R02050108 | |
| | | | | FFY of Grant: 2008 FFY of Grant Approval: | |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost 1 | |
| | | Original | Revised 2 | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) 3 | | | | |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities 4 | 62,195.00 | | 0 | 0 |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | |
| 20 | Amount of Annual Grant: (sum of lines 2 – 19) | 62,195.00 | | 0 | 0 |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security – Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security – Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | |

¹ To be completed for the Performance and Evaluation Report.


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³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

| | | | | | |
|---|---------------------------------------|---|------------------|---|-----------------|
| Part I: Summary | | | | | |
| PIHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: _____ Date of CFFP: _____ | | Replacement Housing Factor Grant No: FL14R02050108 FFY of Grant: 2008 FFY of Grant Approval: | |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised 1 | Obligated | Expended |
| Signature of Executive Director  | | Date 01/15/2010 | | Signature of Public Housing Director | |

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

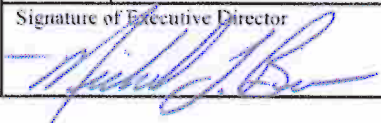
| Part I: Summary | | | | | |
|---|--|--|----------------------|--------------------------------|---|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number FL 14P02050108 Capital Fund Program Grant No: Date of CFFP: | | | FFY of Grant: 2008 FFY of Grant Approval: |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) 1-13-10 <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | 189,649.00 | 189,649.00 | 60,255.54 | 60,255.54 |
| 3 | 1408 Management Improvements | 189,650.00 | 22,000.00 | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 94,824.00 | 94,824.00 | | |
| 5 | 1411 Audit | 27,126.00 | 27,126.00 | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 18,685.00 | 30,163.00 | 11,477.75 | 11,477.75 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | 363,000.00 | 462,500.00 | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 41,315.00 | 41,315.00 | | |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | 16,000.00 | 16,000.00 | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | 8,035.00 | 8,035.00 | | |
| 17 | 1499 Development Activities ⁴ | | 56,672.00 | | |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | |
| 20 | Amount of Annual Grant: (sum of lines 2 – 19) | 948,284.00 | 948,284.00 | 71,733.29 | 71,733.29 |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security – Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security – Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | |

¹ To be completed for the Performance and Evaluation Report.

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³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

| | | | | |
|---|---------------------------------------|---|--|---|
| Part I: Summary | | | | |
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: FL 14P02050108 Date of CFFP: | | FFY of Grant: 2008 FFY of Grant Approval: |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) 1-13-10 <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost 1 |
| | | Original | Revised 2 | Obligated Expended |
| Signature of Executive Director  | | Date 1/15/2010 | Signature of Public Housing Director | |

| Part II: Supporting Pages | | | | | | | | |
|--|---|---|-------------|---|---|-----------------------------------|--------------------------------|--|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number FL 14P02050108 Capital Fund Program Grant No: Replacement Housing Factor Grant No: | | | | CFFP (Yes/No): | | |
| | | | | | | Federal FFY of Grant: 2008 | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| 1. PHA Wide | Interior Modernization Completion | 1460 | 14 | \$300,000.00 FL20-6 | \$399,500.00 FL20-7E | | | Fungible from the five year plan year 2012 |
| | Plumbing - Sewer laterals, clean outs, fixtures, sinks, tubs. Structural - Block wall repair, framing, and shelving. Upgrade Electrical Panels, Replace Gas Hot Heaters with Electric, Replace Stoves, and Replace Furnaces, Replace kitchen cabinets, replace floor & wall tile, drywall, and relocate gas piping Electrical - GFI repair/installation, light switch & outlet installation. HVAC- Relocation of heater switches, installed new heaters, and water heaters. | | | | | | | |
| | Sub Total | | | \$300,000.00 | \$399,500.00 | | | |
| 2. PHA Wide | FL20-5 Hopkins Place FL20-6 Tucker Heights FL20-7 No Name | 1460 1460 1460 | 1 2 3 | \$14,000.00 \$14,000.00 \$35,000.00 | \$14,000.00 \$14,000.00 \$35,000.00 | | | |
| | Mini Modernization Vacancy Upgrade Electrical Panels, Replace Gas Hot Heaters with Electric, Replace Stoves, Replace Furnaces, Replace kitchen cabinets, floor & wall tile, sinks & bathtubs, plumbing & electrical fixtures drywall as needed. | | | | | | | |
| | Sub Total | | | \$63,000.00 | \$63,000.00 | | | |
| | Total | 1460 | | \$363,000.00 | \$462,500.00 | | | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

| Part II: Supporting Pages | | | | | | | | |
|---|---|---|----------|--------------------------------|----------------------|---------------------------------|--------------------------------|-----------------------------------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number FL 14P02050108 | | Capital Fund Program Grant No: | | CFFP (Yes/No): | | Federal FFY of Grant: 2008 |
| | | Replacement Housing Factor Grant No: | | | | | | |
| Development Number Name/PHA- Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| 3.PHA Wide | FL20-1 Citrus Court | 1465.1 | 2 | \$730.00 | \$730.00 | | | |
| | FL20-3 Fields Court | 1465.1 | 2 | \$730.00 | \$730.00 | | | |
| | FL20-4 Walton Court | 1465.1 | 2 | \$730.00 | \$730.00 | | | |
| | FL20-5 Hopkins Place | 1465.1 | 5 | \$1,825.00 | \$1,825.00 | | | |
| | FL20-6 Tucker Heights | 1465.1 | 5 | \$1,825.00 | \$1,825.00 | | | |
| | FL20-7 No Name | 1465.1 | 15 | \$5,475.00 | \$5,475.00 | | | |
| | FL20-7 No Name - Hot water heaters | 1465.1 | 86 | \$30,000.00 | \$25,796.00 | | | |
| | FL20-8 Baxley Manor | 1465.1 | 8 | 0 | \$4,204.00 | | | |
| | New Item : Washers and Dryers | | | | | | | |
| | Dwelling Equipment (Refrigerator, stove, hot water, washers and dryers replacement). | | | | | | | |
| | Sub Total | | | \$41,315.00 | \$41,315.00 | | | |
| 4. PHA Wide Management Improvements | a. Staff Training To Obtain Efficient PHAS Scores, Maintain Maintenance Technology (Maintenance Training – Gas School, UPCS training, HVAC training | 1408 | | \$12,000.00 | \$12,000.00 | | | |
| | b. Resident Employment and Capacity Building | 1408 | | \$5,000.00 | \$5,000.00 | | | |
| | | | | | | | | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

| Part II: Supporting Pages | | | | | | | | | |
|--|--|---|--------------------------------|---------------------------------------|-----------------------------|-----------------------------|-------------------------------------|------------------------------------|-----------------------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number FL 14P02050108 | | Capital Fund Program Grant No: | | CFFP (Yes/No): | | Federal FFY of Grant: 2008 | |
| Development Number Name/PHA-Wide Activities | | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| | <u>Resident Training & Init.</u> | | | | | | | | |
| | ➤ Resident Training & Init. - Resident Awareness and Responsibilities Training | | | | | | | | |
| | ➤ Fire Safety Watch | | | | | | | | |
| | Florida Neighborhood Conference | | | | | | | | |
| | <u>Youth Initiatives</u> | | | | | | | | |
| | ➤ Youth Summit | | | | | | | | |
| | Partnership (with Weed & Seed, LEO, Faith & Comm. Groups) | | | | | | | | |
| | ➤ Swimming Passes | | | | | | | | |
| | <u>Crime Prev. & DV Training</u> | | | | | | | | |
| | ➤ Crime Prev. & DV Training | | | | | | | | |
| | ➤ 2 Mini Conferences (Senior Safety, Domestic Violence Awareness) | | | | | | | | |
| | ➤ Senior Fest | | | | | | | | |
| | <u>Outreach Services</u> | | | | | | | | |
| | ➤ Newsletter Production | | | | | | | | |
| | ➤ Calendar of Services | | | | | | | | |
| | ➤ Meeting Signs | | | | | | | | |
| | ➤ Beautification Projects | | | | | | | | |
| | | | | | | | | | |

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² To be completed for the Performance and Evaluation Report.

| Part II: Supporting Pages | | | | | | | | |
|--|---|--|----------|----------------------|----------------------|------------------------------|-----------------------------|----------------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number FL 14P02050108 Capital Fund Program Grant No: Replacement Housing Factor Grant No: | | CFFP (Yes/No): | | Federal FFY of Grant: 2008 | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| | <ul style="list-style-type: none"> ➤ Homeownership Outreach ➤ Homeownership Month (June) ➤ Key Chains and Home Planning Manuals Booklets Manuals & Prizes | | | | | | | |
| | c. Economic Self Sufficiency | 1408 | | \$5,000.00 | \$5,000.00 | | | |
| | Public Service Aids (PSA) | | | | | | | |
| | ➤ (3) Stipend to Elderly | | | | | | | |
| | ➤ (5) Stipend to Families | | | | | | | |
| | ➤ PSA Training | | | | | | | |
| | ➤ Direct Services | | | | | | | |
| | SEMINARS | | | | | | | |
| | <ul style="list-style-type: none"> ➤ Financial Responsibility (MONEY Smart) ➤ Home Ownership (Fannie Mae – Opening the Door) ➤ Life Skills (House Management) | | | | | | | |
| | <ul style="list-style-type: none"> ➤ Indirect Services ➤ Transportation ➤ Incentive Awards ➤ Miscellaneous | | | | | | | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

| Part II: Supporting Pages | | | | | | | | |
|---|--|---|----------|----------------------|----------------------|-----------------------------------|--------------------------------|----------------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number FL 14P02050108 Capital Fund Program Grant No: Replacement Housing Factor Grant No: | | | | CFFP (Yes/No): | | |
| | | | | | | Federal FFY of Grant: 2008 | | |
| Development Number Name/PHA- Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| | <ul style="list-style-type: none"> ➤ <u>Program Supplies</u> ➤ "Success Kits" (Paper, folders, notebooks, pens, calculators, organizers) | | | | | | | |
| | <ul style="list-style-type: none"> ➤ Resident Training ➤ Training on Employability Skills | | | | | | | |
| | Pro Rate Salary of Spec Projects, Development Coord, Development Cost Acct w/Benefits | 1408 | | 99,500.00 | 0 | | | |
| | Redevelopmental Professional Support (Architects, Environmental, Financial, Tax Credit support). | 1408 | | 68,150.00 | 0 | | | |
| | Sub Total | | | \$189,650.00 | \$22,000.00 | | | |
| 5. PHA Wide | Non-Dwelling Equipment (Computer Software). | 1475 | | \$16,000.00 | \$16,000.00 | | | |
| | Sub Total | | | \$16,000.00 | \$16,000.00 | | | |
| 6. PHA Wide Administration | Pro-Rate Salary of Technical Services Coordinator w/Benefits | 1410 | | \$36,000.00 | \$36,000.00 | | | |
| | Pro Rate Salary of Spec Projects, Development Coord, Development Cost Acct w/Benefits | 1410 | | \$58,824.00 | \$58,824.00 | | | |
| | Sub Total | | | \$94,824.00 | \$94,824.00 | | | |
| 7. Fee & Cost | Advertising, Painting, Testing & Other Cost Related To Contracts | 1430 | | \$1,500.00 | \$1,500.00 | | | |
| | A&E Services (FL20-6 Tucker Heights) | 1430 | | \$17,185.00 | \$28,663.00 | \$11,477.75 | \$11,477.75 | Started |
| | Sub Total | | | \$18,685.00 | \$30,163.00 | \$11,477.75 | \$11,477.75 | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

| Part II: Supporting Pages | | | | | | | | |
|---|--|---|----------|----------------------|----------------------|-----------------------------------|--------------------------------|----------------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number FL 14P02050108 Capital Fund Program Grant No: Replacement Housing Factor Grant No: | | | | CFFP (Yes/No): | | |
| | | | | | | Federal FFY of Grant: 2008 | | |
| Development Number Name/PHA- Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| 8. Relocation Cost | Anticipated Relocation Cost FL20-6 | 1495.1 | | \$8,035.00 | \$8,035.00 | | | |
| | Sub Total | | | \$8,035.00 | \$8,035.00 | | | |
| 9. PHA Wide Operations | PHA Wide | 1406 | | \$189,649.00 | \$189,649.00 | 60,255.54 | 60,255.54 | |
| | Sub Total | | | \$189,649.00 | \$189,649.00 | | | |
| 10. Audit | Audit Fees | 1411 | | \$27,126.00 | \$27,126.00 | | | |
| | Sub Total | | | \$27,126.00 | \$27,126.00 | | | |
| 11. Development Activities | Redevelopmental Professional Support (Architects, Environmental, Financial, Tax Credit support). | 1499 | | 0 | \$56,672.00 | | | |
| | Sub Total | | | 0 | \$56,672.00 | | | |
| | Grand Total | | | \$948,284.00 | \$948,284.00 | \$71,733.29 | \$71,733.29 | |

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| Part I: Summary | | | | | |
|---|--|--|----------------------|-------------------|---|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number FL 14P02050108 Capital Fund Program Grant No: Date of CFFP: | | | FFY of Grant: 2008 FFY of Grant Approval: |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised ² | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | 189,649.00 | 189,649.00 | 60,255.54 | 60,255.54 |
| 3 | 1408 Management Improvements | 189,650.00 | 22,000.00 | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 94,824.00 | 94,824.00 | | |
| 5 | 1411 Audit | 27,126.00 | 27,126.00 | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 18,685.00 | 30,163.00 | 11,477.75 | 11,477.75 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | 363,000.00 | 462,500.00 | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 41,315.00 | 41,315.00 | | |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | 16,000.00 | 16,000.00 | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | 8,035.00 | 8,035.00 | | |
| 17 | 1499 Development Activities ⁴ | | 56,672.00 | | |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | |
| 20 | Amount of Annual Grant: (sum of lines 2 – 19) | 948,284.00 | 948,284.00 | 71,733.29 | 71,733.29 |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security – Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security – Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | |

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| | | | | | |
|---|---------------------------------------|--|------------------|---|-----------------|
| Part I: Summary | | | | | |
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: FL 14P02050108 Date of CFFP: | | Replacement Housing Factor Grant No: FFY of Grant: 2008 FFY of Grant Approval: | |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:12/31/09 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost : | |
| | | Original | Revised : | Obligated | Expended |
| Signature of Executive Director  | | Date 11/15/2010 | | Signature of Public Housing Director Date | |

| Part II: Supporting Pages | | | | | | | | |
|---|---|---|----------|------------------------|-------------------------|-----------------------------------|-----------------------------|--|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number FL 14P02050108 Capital Fund Program Grant No: Replacement Housing Factor Grant No: | | | | CFFP (Yes/No): | | |
| | | | | | | Federal FFY of Grant: 2008 | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| 1. PHA Wide | Interior Modernization Completion | 1460 | 14 | \$300,000.00 FL20-6 | \$399,500.00 FL20-7E | | | Fungible from the five year plan year 2012 |
| | Plumbing - Sewer laterals, clean outs, fixtures, sinks, tubs. Structural - Block wall repair, framing, and shelving, Upgrade Electrical Panels, Replace Gas Hot Heaters with Electric, Replace Stoves, and Replace Furnaces, Replace kitchen cabinets, replace floor & wall tile, drywall, and relocate gas piping Electrical - GFI repair/installation, light switch & outlet installation. HVAC- Relocation of heater switches, installed new heaters, and water heaters. | | | | | | | |
| | Sub Total | | | \$300,000.00 | \$399,500.00 | | | |
| 2. PHA Wide | FL20-5 Hopkins Place | 1460 | 1 | \$14,000.00 | \$14,000.00 | | | |
| | FL20-6 Tucker Heights | 1460 | 2 | \$14,000.00 | \$14,000.00 | | | |
| | FL20-7 No Name | 1460 | 3 | \$35,000.00 | \$35,000.00 | | | |
| | Mini Modernization Vacancy Upgrade Electrical Panels, Replace Gas Hot Heaters with Electric, Replace Stoves, Replace Furnaces, Replace kitchen cabinets, floor & wall tile, sinks & bathtubs, plumbing & electrical fixtures drywall as needed. | | | | | | | |
| | Sub Total | | | \$63,000.00 | \$63,000.00 | | | |
| | Total | 1460 | | \$363,000.00 | \$462,500.00 | | | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

| Part II: Supporting Pages | | | | | | | | |
|---|--|---|----------|----------------------|----------------------|-----------------------------------|--------------------------------|----------------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number FL 14P02050108 Capital Fund Program Grant No: Replacement Housing Factor Grant No: | | | | CFFP (Yes/No): | | |
| | | | | | | Federal FFY of Grant: 2008 | | |
| Development Number Name/PHA- Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| 3.PHA Wide | FL20-1 Citrus Court | 1465.1 | 2 | \$730.00 | \$730.00 | | | |
| | FL20-3 Fields Court | 1465.1 | 2 | \$730.00 | \$730.00 | | | |
| | FL20-4 Walton Court | 1465.1 | 2 | \$730.00 | \$730.00 | | | |
| | FL20-5 Hopkins Place | 1465.1 | 5 | \$1,825.00 | \$1,825.00 | | | |
| | FL20-6 Tucker Heights | 1465.1 | 5 | \$1,825.00 | \$1,825.00 | | | |
| | FL20-7 No Name | 1465.1 | 15 | \$5,475.00 | \$5,475.00 | | | |
| | FL20-7 No Name - Hot water heaters | 1465.1 | 86 | \$30,000.00 | \$25,796.00 | | | |
| | FL20-8 Baxley Manor New Item : Washers and Dryers Dwelling Equipment (Refrigerator, stove, hot water, washers and dryers replacement). | 1465.1 | 8 | 0 | \$4,204.00 | | | |
| | Sub Total | | | \$41,315.00 | \$41,315.00 | | | |
| 4. PHA Wide Management Improvements | a. Staff Training To Obtain Efficient PHAS Scores, Maintain Maintenance Technology (Maintenance Training – Gas School, UPCS training, HVAC training | 1408 | | \$12,000.00 | \$12,000.00 | | | |
| | b. Resident Employment and Capacity Building | 1408 | | \$5,000.00 | \$5,000.00 | | | |
| | | | | | | | | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

| Part II: Supporting Pages | | | | | | | | |
|--|---|---|----------|-----------------------|----------------------|-----------------------------------|-----------------------------|----------------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number FL 14P02050108 | | CFPP (Yes/No): | | Federal FFY of Grant: 2008 | | |
| | | Capital Fund Program Grant No: | | | | | | |
| | | Replacement Housing Factor Grant No: | | | | | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| | <u>Resident Training & Init.</u> ➤ Resident Training & Init. - Resident Awareness and Responsibilities Training ➤ Fire Safety Watch Florida Neighborhood Conference | | | | | | | |
| | <u>Youth Initiatives</u> ➤ Youth Summit Partnership (with Weed & Seed, LEO, Faith & Comm. Groups) ➤ Swimming Passes | | | | | | | |
| | <u>Crime Prev. & DV Training</u> ➤ Crime Prev. & DV Training ➤ 2 Mini Conferences (Senior Safety, Domestic Violence Awareness) ➤ Senior Fest | | | | | | | |
| | <u>Outreach Services</u> ➤ Newsletter Production ➤ Calendar of Services ➤ Meeting Signs ➤ Beautification Projects | | | | | | | |
| | | | | | | | | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

| Part II: Supporting Pages | | | | | | | | |
|--|--|--|----------|----------------------|------------|--|------------------|----------------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number FL 14P02050108 Capital Fund Program Grant No: Replacement Housing Factor Grant No: | | | | Federal FFY of Grant: 2008 CFFP (Yes/No): | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised 1 | Funds Obligated 2 | Funds Expended 2 | |
| | <ul style="list-style-type: none"> ➤ Homeownership Outreach ➤ Homeownership Month (June) ➤ Key Chains and Home Planning Manuals Booklets | | | | | | | |
| | c. Economic Self Sufficiency | 1408 | | \$5,000.00 | \$5,000.00 | | | |
| | <u>Public Service Aids (PSA)</u> <ul style="list-style-type: none"> ➤ (3) Stipend to Elderly ➤ (5) Stipend to Families | | | | | | | |
| | ➤ PSA Training | | | | | | | |
| | ➤ Direct Services | | | | | | | |
| | <u>SEMINARS</u> | | | | | | | |
| | <ul style="list-style-type: none"> ➤ Financial Responsibility (MONEY Smart) ➤ Home Ownership (Fannie Mae – Opening the Door) ➤ Life Skills (House Management) | | | | | | | |
| | <ul style="list-style-type: none"> ➤ Indirect Services ➤ Transportation ➤ Incentive Awards ➤ Miscellaneous | | | | | | | |

² To be completed for the Performance and Evaluation Report.

| Part II: Supporting Pages | | | | | | | | |
|---|---|---|----------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|----------------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number FL 14P02050108 Capital Fund Program Grant No: Replacement Housing Factor Grant No: | | | | CFFP (Yes/No): | | |
| | | | | | | Federal FFY of Grant: 2008 | | |
| Development Number Name/PHA- Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| | ➤ <u>Program Supplies</u> ➤ "Success Kits" (Paper, folders, notebooks, pens, calculators, organizers) | | | | | | | |
| | ➤ Resident Training ➤ Training on Employability Skills | | | | | | | |
| | Pro Rate Salary of Spec Projects, Development Coord, Development Cost Acct w/Benefits | 1408 | | 99,500.00 | 0 | | | |
| | Redevelopmental Professional Support (Architects, Environmental, Financial, Tax Credit support). | 1408 | | 68,150.00 | 0 | | | |
| | Sub Total | | | \$189,650.00 | \$22,000.00 | | | |
| 5. PHA Wide | Non-Dwelling Equipment (Computer Software). | 1475 | | \$16,000.00 | \$16,000.00 | | | |
| | Sub Total | | | \$16,000.00 | \$16,000.00 | | | |
| 6. PHA Wide Administration | Pro-Rate Salary of Technical Services Coordinator w/Benefits | 1410 | | \$36,000.00 | \$36,000.00 | | | |
| | Pro Rate Salary of Spec Projects, Development Coord, Development Cost Acct w/Benefits | 1410 | | \$58,824.00 | \$58,824.00 | | | |
| | Sub Total | | | \$94,824.00 | \$94,824.00 | | | |
| 7. Fee & Cost | Advertising, Painting, Testing & Other Cost Related To Contracts | 1430 | | \$1,500.00 | \$1,500.00 | | | |
| | A&E Services (FL20-6 Tucker Heights) Sub Total | 1430 | | \$17,185.00 \$18,685.00 | \$28,663.00 \$30,163.00 | \$11,477.75 \$11,477.75 | \$11,477.75 \$11,477.75 | Started |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

| Part II: Supporting Pages | | | | | | | | |
|--|--|---|----------|----------------------|----------------------|-----------------------------------|--------------------------------|----------------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number FL 14P02050108 Capital Fund Program Grant No: Replacement Housing Factor Grant No: | | | | Federal FFY of Grant: 2008 | | |
| | | CFFP (Yes/No): | | | | | | |
| Development Number Name/PHA- Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| 8. Relocation Cost | Anticipated Relocation Cost FL20-6 | 1495.1 | | \$8,035.00 | \$8,035.00 | | | |
| | Sub Total | | | \$8,035.00 | \$8,035.00 | | | |
| 9. PHA Wide Operations | PHA Wide | 1406 | | \$189,649.00 | \$189,649.00 | 60,255.54 | 60,255.54 | |
| | Sub Total | | | \$189,649.00 | \$189,649.00 | | | |
| 10. Audit | Audit Fees | 1411 | | \$27,126.00 | \$27,126.00 | | | |
| | Sub Total | | | \$27,126.00 | \$27,126.00 | | | |
| 11. Development Activities | Redevelopmental Professional Support (Architects, Environmental, Financial, Tax Credit support). | 1499 | | 0 | \$56,672.00 | | | |
| | Sub Total | | | 0 | \$56,672.00 | | | |
| | Grand Total | | | \$948,284.00 | \$948,284.00 | \$71,733.29 | \$71,733.29 | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

| Part I: Summary | | | | | |
|--|--|---|----------------------|--|----------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: _____ Date of CFFP: _____ | | Replacement Housing Factor Grant No: FL14R02050107 | |
| | | | | FFY of Grant: 2007 FFY of Grant Approval: | |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | | | | |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities ⁴ | 55,544.00 | | 0 | 0 |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | |
| 20 | Amount of Annual Grant: (sum of lines 2 – 19) | 55,544.00 | | 0 | 0 |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security – Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security – Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | |

¹ To be completed for the Performance and Evaluation Report.


² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

| | | | | | |
|---|---------------------------------------|---|--|----------------------------|--|
| Part I: Summary | | | | | |
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: _____ Replacement Housing Factor Grant No: FL14R02050107 Date of CFFP: _____ | | | FFY of Grant: 2007 FFY of Grant Approval: |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/09 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost 1 | |
| | | Original | Revised 2 | Obligated | Expended |
| Signature of Executive Director  | | Date 01/15/2010 | Signature of Public Housing Director Date | | |

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

[illegible]

² To be completed for the Performance and Evaluation Report.


| Part I: Summary | | | | | |
|--|--|--|----------------------|--------------------------------|--|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number FL 14P02050107 Capital Fund Program Grant No: Date of CFFP: | | | FFY of Grant: 2007 FFY of Grant Approval: |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: #3) 1-13-10 <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | 161,984.00 | 161,984.00 | 161,984.00 | 161,984.00 |
| 3 | 1408 Management Improvements | 34,888.00 | 14,536.67 | 14,536.67 | 14,536.67 |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 34,360.00 | 37,848.20 | 37,848.20 | 14,166.67 |
| 5 | 1411 Audit | 10,400.00 | 10,400.00 | 10,400.00 | 10,400.00 |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 26,000.00 | 26,000.00 | 26,000.00 | 26,000.00 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | 554,000.00 | 553,533.30 | 553,533.30 | 553,533.30 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 20,000.00 | 16,978.50 | 16,978.50 | 16,978.50 |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | 6,000.00 | 26,351.33 | 26,351.33 | 0 |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities ⁴ | | | | |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | |
| 20 | Amount of Annual Grant: (sum of lines 2 – 19) | 847,632.00 | 847,632.00 | 847,632.00 | 797,599.14 |
| 21 | Amount of line 20 Related to LBP Activities | 25,000.00 | | 0 | 0 |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security – Soft Costs | 10,000.00 | | 0 | 0 |
| 24 | Amount of line 20 Related to Security – Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | 10,000.00 | | 0 | 0 |

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

| | | | | | |
|--|---------------------------------------|--|------------------|--|--|
| Part I: Summary | | | | | |
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number FL 14P02050107 Capital Fund Program Grant No: Date of CFFP: | | | FFY of Grant: 2007 FFY of Grant Approval: |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: #3) 1-13-10 <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost 1 | |
| | | Original | Revised 2 | Obligated | Expended |
| Signature of Executive Director  | | Date 1/15/2010 | | Signature of Public Housing Director | |

| Part II: Supporting Pages | | | | | | | | |
|--|--|---|-----------------------------|---|--|--|--|--|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number FL 14P02050107 Capital Fund Program Grant No: Replacement Housing Factor Grant No: | | | | CFFP (Yes/No): | | Federal FFY of Grant: 2007 |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| 1. PHA Wide | Interior Modernization Completions | 1460 | 90 | \$554,000.00 | \$553,533.30 | \$553,533.30 | \$553,533.30 | Completed |
| | FL 20-7D No Name FL 20-7F No Name Work will include by not limited to the following: Plumbing – Sewer laterals, clean outs, fixtures, sinks, tubs. Structural – Block wall repair, framing, shelving, cabinets, replace floor & wall tile, drywall, and relocate gas piping. Electrical – GFI repr/installation, light switch & outlet installation, HVAC. Relocation of heater switches, installed new heaters, and water heaters. | | | | | | | |
| | Mini Modernization Vacancy | | | | | | | |
| | Sub Total | | | \$554,000.00 | \$553,533.00 | \$553,533.30 | \$553,533.30 | |
| 2. PHA Wide | FL 20-1 Citrus Court FL 20-3 Fields Court FL 20-4 Walton Court FL 20-5 Hopkins Place FL 20-6 Tucker Heights FL 20-7 No Name Dwelling Equipment (Refrigerator , Stove, Hot Water Heaters and Furnaces Replacement) | 1465.1 1465.1 1465.1 1465.1 1465.1 1465.1 | 4 5 4 7 4 18 | \$1,460.00 \$1,825.00 \$1,460.00 \$2,555.00 \$1,460.00 \$11,240.00 | \$1,460.00 \$1,825.00 \$1,460.00 \$2,555.00 \$1,460.00 \$8,218.50 | \$1,460.00 \$1,825.00 \$1,460.00 \$2,555.00 \$1,460.00 \$8,218.50 | \$1,460.00 \$1,825.00 \$1,460.00 \$2,555.00 \$1,460.00 \$8,218.50 | Completed Completed Completed Completed Completed Completed |
| | Sub Total | | | \$20,000.00 | \$16,978.50 | \$16,978.50 | \$16,978.50 | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

| Part II: Supporting Pages | | | | | | | | |
|---|---|---|----------|----------------------|----------------------|---|-----------------------------|----------------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number FL 14P02050107 Capital Fund Program Grant No: Replacement Housing Factor Grant No: | | | | Federal FFY of Grant: 2007 CFPP (Yes/No): | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| 3. PHA Wide Management Improvements | a. Staff Training to Obtain Efficient PHAS Scores, Maintain Maintenance Technology (Maintenance Training – Gas School, UPCS training, HVAC training) | 1408 | | 0 | 0 | | | |
| | b. Resident Employment and Capacity Building | 1408 | | 0 | 0 | | | |
| | <u>Resident Training & Init.</u> > Resident Training & Init. – Resident Awareness and responsibility training > Fire Safety Watch > Florida Neighborhood Conference | | | | | | | |
| | <u>Youth Initiatives</u> > Youth Summit Partnership (with Weed & Seed, LEO, Faith & Com. Groups > Swimming Passes | | | | | | | |
| | <u>Crime Prev. & DV Training</u> > Crime Prev. & DV Training > 2 Mini Conferences (Senior Safety, Domestic Violence Awareness) > Senior Fest | | | | | | | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

| Part II: Supporting Pages | | | | | | | | |
|---|---|---|----------|----------------------|----------------------|---|--------------------------------|----------------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number FL 14P02050107 Capital Fund Program Grant No: Replacement Housing Factor Grant No: | | | | Federal FFY of Grant: 2007 CFFP (Yes/No): | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| | Outreach Programs | | | | | | | |
| | ➤ Newsletter Production | | | | | | | |
| | ➤ Calendar of Service | | | | | | | |
| | ➤ Meeting Signs | | | | | | | |
| | ➤ Beautification Projects | | | | | | | |
| | ➤ Homeownership outreach | | | | | | | |
| | ➤ Homeownership Month | | | | | | | |
| | ➤ Key Chains and Home Planning Manuals Booklets | | | | | | | |
| | ➤ Manuals & Prizes | | | | | | | |
| | c. Economic Self Sufficiency | 1408 | | 0 | 0 | | | |
| | Public Service Aids (PSA) | | | | | | | |
| | ➤ (3) Stipend to Elderly | | | | | | | |
| | ➤ (5) Stipend to Families | | | | | | | |
| | ➤ PSA Training | | | | | | | |
| | ➤ Direct Services | | | | | | | |
| | SEMINARS | | | | | | | |
| | ➤ Financial Responsibility (MONEY Smart) | | | | | | | |
| | ➤ Homeownership (Fannie Mae – Opening the Door) | | | | | | | |
| | ➤ Life Skills (House Management) | | | | | | | |
| | ➤ Indirect Services | | | | | | | |
| | ➤ Transportation | | | | | | | |
| | ➤ Incentive Awards | | | | | | | |
| | ➤ Miscellaneous | | | | | | | |
| | Program Supplies | | | | | | | |
| | ➤ "Success Kits" (Paper, folders, notebooks, pens, calculators, organizers) | | | | | | | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

| Part II: Supporting Pages | | | | | | | | |
|--|---|--|----------|----------------------|----------------------|-----------------------------------|-----------------------------|----------------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: FL 14P02050107 (Yes/No): Replacement Housing Factor Grant No: | | | | Federal FFY of Grant: 2007 | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| | <ul style="list-style-type: none"> ➤ Resident Training ➤ Training on Employability Skills | | | | | | | |
| | d. Pro Rate Salary of Grant Writer w/Benefits | 1408 | | \$14,536.67 | \$14,536.67 | \$14,536.67 | \$14,536.67 | Completed |
| | Sub Total | | | \$34,888.00 | \$14,536.67 | \$14,536.67 | \$14,536.67 | |
| 4. PHA Wide | Non-Dwelling Equipment (Computer Software). | 1475 | | \$6,000.00 | \$26,351.33 | \$26,351.33 | 0 | In-progress |
| | Sub Total | | | \$6,000.00 | \$26,351.33 | \$26,351.33 | 0 | |
| 5. PHA Wide Administration | Pro-Rate Salary of Technical Services Coordinator w/Benefits | 1410 | | \$34,360.00 | \$14,166.67 | \$14,166.67 | \$14,166.67 | Completed |
| | Salary & Benefits (Special Projects, Development Admin., Development Cost Acct). | 1410 | | 0 | \$23,681.53 | \$23,681.53 | 0 | Not Started |
| | Sub Total | | | \$34,360.00 | \$37,848.20 | \$37,848.20 | \$14,166.67 | |
| 6. Fee & Cost | Advertising, Painting, testing & other. | 1430 | | 0 | 0 | 0 | 0 | |
| | Costs related to contracts & dev. Act Architects Fees. | 1430 | | \$26,000.00 | \$26,000.00 | \$26,000.00 | \$26,000.00 | Completed |
| | Sub Total | | | \$26,000.00 | \$26,000.00 | \$26,000.00 | \$26,000.00 | |
| 7. PHA Wide Operation | PHA Wide | 1406 | | \$161,984.00 | \$161,984.00 | \$161,984.00 | \$161,984.00 | Completed |
| | Sub Total | | | \$161,984.00 | \$161,984.00 | \$161,984.00 | \$161,984.00 | |
| 8. Audit | Audit Costs | 1411 | | \$10,400.00 | \$10,400.00 | \$10,400.00 | \$10,400.00 | Completed |
| | Sub Total | | | \$10,400.00 | \$10,400.00 | \$10,400.00 | \$10,400.00 | |
| Grand Total | | | | \$847,632.00 | \$847,632.00 | \$797,599.14 | \$797,599.14 | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

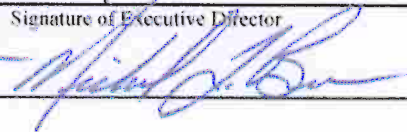
| Part I: Summary | | | | | |
|---|--|--|----------------------|--------------------------------|--|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number FL 14P02050107 Capital Fund Program Grant No: Date of CFFP: | | | FFY of Grant: 2007 FFY of Grant Approval: |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-2009 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | 161,984.00 | 161,984.00 | 161,984.00 | 161,984.00 |
| 3 | 1408 Management Improvements | 34,888.00 | 14,536.67 | 14,536.67 | 14,536.67 |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 34,360.00 | 37,848.20 | 37,848.20 | 14,166.67 |
| 5 | 1411 Audit | 10,400.00 | 10,400.00 | 10,400.00 | 10,400.00 |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 26,000.00 | 26,000.00 | 26,000.00 | 26,000.00 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | 554,000.00 | 553,533.30 | 553,533.30 | 553,533.30 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 20,000.00 | 16,978.50 | 16,978.50 | 16,978.50 |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | 6,000.00 | 26,351.33 | 26,351.33 | 0 |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities ⁴ | | | | |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | |
| 20 | Amount of Annual Grant: (sum of lines 2 – 19) | 847,632.00 | 847,632.00 | 847,632.00 | 797,599.14 |
| 21 | Amount of line 20 Related to LBP Activities | 25,000.00 | | 0 | 0 |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security – Soft Costs | 10,000.00 | | 0 | 0 |
| 24 | Amount of line 20 Related to Security – Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | 10,000.00 | | 0 | 0 |

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

| | | | | |
|--|---------------------------------------|--|------------------|--|
| Part I: Summary | | | | |
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number FL 14P02050107 Capital Fund Program Grant No: Date of CFFP: | | FFY of Grant: 2007 FFY of Grant Approval: |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-2009 <input type="checkbox"/> Final Performance and Evaluation Report | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost |
| | | Original | Revised 2 | Obligated Expended |
| Signature of Executive Director  | | Date 1/15/2010 | | Signature of Public Housing Director |

| Part II: Supporting Pages | | | | | | | | |
|--|---|---|-----------------------------|---|--|--|--|--|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number FL 14P02050107 Capital Fund Program Grant No: Replacement Housing Factor Grant No: | | | CFFP (Yes/No): | | Federal FFY of Grant: 2007 | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| 1. PHA Wide | Interior Modernization Completions | 1460 | 90 | \$554,000.00 | \$553,533.30 | \$553,533.30 | \$553,533.30 | Completed |
| | FL 20-7D No Name FL 20-7F No Name Work will include by not limited to the following: Plumbing -- Sewer laterals, clean outs, fixtures, sinks, tubs. Structural -- Block wall repair, framing, shelving, cabinets, replace floor & wall tile, drywall, and relocate gas piping. Electrical -- GFI repr/installation, light switch & outlet installation, HVAC. Relocation of heater switches, installed new heaters, and water heaters. | | | | | | | |
| | Mini Modernization Vacancy | | | | | | | |
| | Sub Total | | | \$554,000.00 | \$553,533.00 | \$553,533.30 | \$553,533.30 | |
| 2. PHA Wide | FL 20-1 Citrus Court FL 20-3 Fields Court FL 20-4 Walton Court FL 20-5 Hopkins Place FL 20-6 Tucker Heights FL 20-7 No Name Dwelling Equipment (Refrigerator , Stove, Hot Water Heaters and Furnaces Replacement) | 1465.1 1465.1 1465.1 1465.1 1465.1 1465.1 | 4 5 4 7 4 18 | \$1,460.00 \$1,825.00 \$1,460.00 \$2,555.00 \$1,460.00 \$11,240.00 | \$1,460.00 \$1,825.00 \$1,460.00 \$2,555.00 \$1,460.00 \$8,218.50 | \$1,460.00 \$1,825.00 \$1,460.00 \$2,555.00 \$1,460.00 \$8,218.50 | \$1,460.00 \$1,825.00 \$1,460.00 \$2,555.00 \$1,460.00 \$8,218.50 | Completed Completed Completed Completed Completed Completed |
| | Sub Total | | | \$20,000.00 | \$16,978.50 | \$16,978.50 | \$16,978.50 | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

| Part II: Supporting Pages | | | | | | | | |
|--|--|---|----------|----------------------|----------------------|-----------------------------------|--------------------------------|----------------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number FL 14P02050107 Capital Fund Program Grant No: Replacement Housing Factor Grant No: | | CFFP (Yes/No): | | Federal FFY of Grant: 2007 | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| 3. PHA Wide Management Improvements | a. Staff Training to Obtain Efficient PHAS Scores, Maintain Maintenance Technology (Maintenance Training – Gas School, UPCS training, HVAC training | 1408 | | 0 | 0 | | | |
| | b. Resident Employment and Capacity Building | 1408 | | 0 | 0 | | | |
| | <u>Resident Training & Init.</u> ➤ Resident Training & Init. – Resident Awareness and responsibility training ➤ Fire Safety Watch ➤ Florida Neighborhood Conference | | | | | | | |
| | <u>Youth Initiatives</u> ➤ Youth Summit Partnership (with Weed & Seed, LEO, Faith & Com. Groups ➤ Swimming Passes | | | | | | | |
| | <u>Crime Prev. & DV Training</u> ➤ Crime Prev. & DV Training ➤ 2 Mini Conferences (Senior Safety, Domestic Violence Awareness) ➤ Senior Fest | | | | | | | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

| Part II: Supporting Pages | | | | | | | | |
|--|---|---|----------|----------------------|----------------------|-----------------------------------|--------------------------------|----------------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number FL 14P02050107 Capital Fund Program Grant No: Replacement Housing Factor Grant No: | | CFFP (Yes/No): | | Federal FFY of Grant: 2007 | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| | Outreach Programs | | | | | | | |
| | ➤ Newsletter Production | | | | | | | |
| | ➤ Calendar of Service | | | | | | | |
| | ➤ Meeting Signs | | | | | | | |
| | ➤ Beautification Projects | | | | | | | |
| | ➤ Homeownership outreach | | | | | | | |
| | ➤ Homeownership Month | | | | | | | |
| | ➤ Key Chains and Home Planning Manuals Booklets | | | | | | | |
| | ➤ Manuals & Prizes | | | | | | | |
| | c. Economic Self Sufficiency | 1408 | | 0 | 0 | | | |
| | Public Service Aids (PSA) | | | | | | | |
| | ➤ (3) Stipend to Elderly | | | | | | | |
| | ➤ (5) Stipend to Families | | | | | | | |
| | ➤ PSA Training | | | | | | | |
| | ➤ Direct Services | | | | | | | |
| | SEMINARS | | | | | | | |
| | ➤ Financial Responsibility (MONEY Smart) | | | | | | | |
| | ➤ Homeownership (Fannie Mae – Opening the Door) | | | | | | | |
| | ➤ Life Skills (House Management) | | | | | | | |
| | ➤ Indirect Services | | | | | | | |
| | ➤ Transportation | | | | | | | |
| | ➤ Incentive Awards | | | | | | | |
| | ➤ Miscellaneous | | | | | | | |
| | Program Supplies | | | | | | | |
| | ➤ “Success Kits” (Paper, folders, notebooks, pens, calculators, organizers) | | | | | | | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

| Part II: Supporting Pages | | | | | | | | |
|--|---|--|----------|----------------------|-----------------------------|-------------------------------------|------------------------------------|----------------|
| PHA Name: Housing Authority of Brevard County | | Grant Type and Number Capital Fund Program Grant No: FL 14P02050107 (Yes/No): Replacement Housing Factor Grant No: | | | | Federal FFY of Grant: 2007 | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| | <ul style="list-style-type: none"> ➤ Resident Training ➤ Training on Employability Skills | | | | | | | |
| | d. Pro Rate Salary of Grant Writer w/Benefits | 1408 | | \$14,536.67 | \$14,536.67 | \$14,536.67 | \$14,536.67 | Completed |
| | Sub Total | | | \$34,888.00 | \$14,536.67 | \$14,536.67 | \$14,536.67 | |
| 4. PHA Wide | Non-Dwelling Equipment (Computer Software). | 1475 | | \$6,000.00 | \$26,351.33 | \$26,351.33 | 0 | In-progress |
| | Sub Total | | | \$6,000.00 | \$26,351.33 | \$26,351.33 | 0 | |
| 5. PHA Wide Administration | Pro-Rate Salary of Technical Services Coordinator w/Benefits | 1410 | | \$34,360.00 | \$14,166.67 | \$14,166.67 | \$14,166.67 | Completed |
| | Salary & Benefits (Special Projects, Development Admin., Development Cost Acct). | 1410 | | 0 | \$23,681.53 | \$23,681.53 | 0 | Not Started |
| | Sub Total | | | \$34,360.00 | \$37,848.20 | \$37,848.20 | \$14,166.67 | |
| 6. Fee & Cost | Advertising, Painting, testing & other. | 1430 | | 0 | 0 | 0 | 0 | |
| | Costs related to contracts & dev. Act Architects Fees. | 1430 | | \$26,000.00 | \$26,000.00 | \$26,000.00 | \$26,000.00 | Completed |
| | Sub Total | | | \$26,000.00 | \$26,000.00 | \$26,000.00 | \$26,000.00 | |
| 7. PHA Wide Operation | PHA Wide | 1406 | | \$161,984.00 | \$161,984.00 | \$161,984.00 | \$161,984.00 | Completed |
| | Sub Total | | | \$161,984.00 | \$161,984.00 | \$161,984.00 | \$161,984.00 | |
| 8. Audit | Audit Costs | 1411 | | \$10,400.00 | \$10,400.00 | \$10,400.00 | \$10,400.00 | Completed |
| | Sub Total | | | \$10,400.00 | \$10,400.00 | \$10,400.00 | \$10,400.00 | |
| Grand Total | | | | \$847,632.00 | \$847,632.00 | \$797,599.14 | \$797,599.14 | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

The Housing Authority of Brevard County

Criteria for Substantial Deviation and Significant Amendments

24 CFR Part 903.7 (r) (2)

Substantial Deviation from the Five-Year Plan:

A Substantial Deviation from the Five-Year Plan is an overall change in the direction of the Housing Authority (HA) pertaining to its goals and objectives. The HA will consider the following actions as a Substantial Deviation from the Five-Year Plan:

- The undertaking of new program activities that do not otherwise further the HA's stated mission or further the goals as set forth in the current Five-Year Plan.
- Insufficient budget authority from HUD necessitating the need to either alter, reduce, or terminate any specific program activity.
- New program activities required or adopted to reflect changes in HUD regulations, or as a result of a declared national or local emergency are exempted actions. In such cases, the administrative/programmatic changes implemented will not be considered as a Substantial Deviation from the Five-Year Plan.
- Other deviations: (NONE)

Significant Amendment or Modification to the Five-Year Plan and Annual Plan:

A Significant Amendment or Modification to the Annual Plan is a change in policy pertaining to the operation of the HA. The HA will consider the following actions as a Significant Amendment or Modification to the Five-Year Plan and Annual Plan:

- Significant changes to rent or admission policies, or organization of the waiting list.
- Addition of new work items (excludes emergency work) not included in the Capital Fund Program (CFP) 5-Year Action Plan or Annual Statement(s) exceeding a cumulative amount of \$ 92K¹ under the current Fiscal Year, or changes in use of the replacement reserve under the CFP.
- Demolition and/or disposition activities, new or amended development plans, designation or conversion actions not currently identified in the Five-Year Plan or either the Annual Plan, or otherwise approved by HUD.
- New program activities required or adopted to reflect changes in HUD regulations, or as a result of a declared national or local emergency are exempted actions. In such cases, the administrative/programmatic changes implemented will not be considered as a Substantial Amendment or Modification to the Five-Year Plan and Annual Plan.
- Other amendments or modifications: (NONE)

¹ Average of 10% of the latest funded CFP grant.